

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-926	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/28/2019
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 PATRICK DRIVE FAYETTEVILLE, NC 28306
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on February 28, 2019. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on record reviews, observations and interview, the facility failed to ensure internal and external medications were kept separately for two of three audited clients (#1 and #2). The findings are:	V 120	See attached POC.	DHSR-Mental Health MAR 18 2019 Lic. & Cert. Section

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Vernon F. [Signature]* TITLE *Residential Director* (X6) DATE *March 11, 2019*

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V 120	<p>Continued From page 1</p> <p>Finding #1: Review on 02/28/19 of client #1's record revealed: - 61 year old male. - Admission date of 04/11/12. - Diagnoses of Autism, Moderate Intellectual Developmental Disability and Type 2 Diabetes.</p> <p>Review on 02/28/19 of client #1's current drug regimen revealed stored in the medication closet: - Aptiom (treats seizure) 800 milligrams (mg) - take one tablet by mouth daily. - Aspirin (treats inflammation) 325mg - take one tablet by mouth daily. - Folic Acid (vitamin) 1mg - take one tablet by mouth daily. - Daily Vite Tabs (vitamin) - take one tablet by mouth daily. - Levetiracetam (treats seizures) 500mg - take one tablet by mouth twice daily. - Lisinopril (treats blood pressure) 20mg - take one tablet by mouth twice daily. - Atorvastatin (treats high cholesterol) 10mg - take one tablet by mouth daily at bedtime. - Ammonium Lactate 12% (moisturizer that treats dry, scaly and itchy skin) - apply to affected area twice daily.</p> <p>Observation on 02/28/19 at approximately 11:00am of client #1's medications revealed the Ammonium Lactate 12% was stored with the internal medications.</p> <p>Finding #2: Review on 02/28/19 of client #2's record revealed: - 36 year old male. - Admission date of 12/21/17. - Diagnoses of Autism, Schizoaffective Disorder,</p>	V 120		
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 PATRICK DRIVE FAYETTEVILLE, NC 28306		
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V 120	<p>Continued From page 2</p> <p>Hypertension and Hyperlipidemia.</p> <p>Review on 02/28/19 of client #2's current drug regimen revealed:</p> <ul style="list-style-type: none"> - Lisinopril 10mg - take one tablet by mouth daily. - Trihexphenidyl (treats Parkinson' disease symptoms) 5mg - take one tablet by mouth daily at bedtime. - Risperdal (antipsychotic) 1mg - take one tablet by mouth daily at bedtime. - Risperdal 2mg - take 1/2 tablet by mouth as needed. - Buspar (antianxiety) 15mg - take one tablet by mouth three times daily. - Lovastatin (treats high cholesterol) take one tablet by mouth daily. - Depakote (treats seizures) 500mg - take one tablet twice by mouth daily. - Hydrocortisone 2.5% (a steroid that treats inflammation on the body) - apply as needed. <p>Observation on 02/28/19 at approximately 11:06am of client #2's medications revealed the Hydrocortisone 2.5% was stored with the internal medications.</p> <p>Interview on 02/28/19 staff #1 stated he would separate the internal and external medications.</p> <p>Interview on 02/28/19 the Qualified Professional stated he would follow up to ensure internal and external medications at the facility were stored separately.</p>	V 120		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 02/28/19 at approximately 9:42am of the facility revealed:</p> <ul style="list-style-type: none"> - Client #1's bedroom revealed the towel holder had ben pulled away from the wall. - Client #3's bedroom revealed a missing light bulb in the overhead light. The ledge outside of the window revealed shards of broken glass. - Client #3's bedroom revealed several slats in the window blinds were broken. The dresser had a broken drawer and 3 handles missing. - The hallway bathroom revealed the toilet paper holder had the rod missing. The wall above the toilet appeared soiled. - The hallway air return vent had a thick layer of dust on the slats. - The kitchen stove had a film of grease on the top surface. The kitchen cabinets appeared soiled and the paint was missing above two drawers. - The living room revealed 2 broken slats in the window blinds which were covered with paper. <p>Interview on 02/28/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - He did some of the maintenance at the facility. - He had no additional questions regarding findings at the exit conference. 	V 736	<p><i>See attached POC.</i></p>	
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V 736	Continued From page 4 [This deficiency constitutes a re-cite deficiency and must be corrected within 30 days.]	V 736		
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V 736	<p>INITIAL COMMENTS</p> <p>An annual follow-up survey was completed on February 28, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G. 5600C supervised Living for Adults with Developmental disabilities.</p> <p>27G. 0303 (c) Facility and Grounds Maintenance</p> <p>10ANCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (C) Each facility and it grounds shall be maintained in a safe, clean attractive and orderly manner and shall be kept free from offensive odor.</p>	V 000 V 736	<p>Professional Family Care Services will have the following areas at Patrick Drive Facility repaired and painted. PFCS will install new towel holders for Client#1 bathroom. Missing light bulbs were installed. Shards of glass were removed from the exterior window pane of Client #3 windowsill. 3 dresser drawer handles were replaced in Client #3 bedroom. Measurements were taken for blind replacements in Client #3 bedroom, and the living room. Blinds will be replaced by the projected completion date. Staff has performed a deep cleaning of the kitchen stove surfaces using a degreaser agent, and will continue maintenance of the area. Kitchen cabinets were cleaned by residential staff and validated by the Residential Manager. Staff returned the toilet paper holder rod to the hallway bathroom. PFCS Residential Manager will install an alternative toilet paper holder in the hallway bathroom, resulting from the clients preferring to take the roll of toilet paper off of the rod when using the restroom. Staff performed cleaning of the air return vent in the hallway, and will continue maintenance of the area. In the future, an Environmental Check Sheet Form will be used by group home lead staff bi-monthly to identify worn dirty appearance and damage items in the facility. All findings will be reported to QP of Residential Services for repairs. PFCS Residential Manager will submit findings to PFCS CEO as needed.</p>	<p>Implementation Date: 03/11/2019</p> <p>Projected Completion Date: 03/30/2019</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Verna J. J. J. Residential Manager, QP 3/11/19

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V 120	Continued From page 1 27G.0209 (E) Medication Requirements 10A NCAC 27G.0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container. (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V736	Professional Family Care Services has provided separate storage containers for storing of each client external medications. This will allow internal and external medications to remain separate for each client, and exclude any possibility of contamination. Containers will be provided as needed by the Professional Family Care Services.	Implementation Date: 03/11/2019 Projected Completion Date: 03/30/2019

Division of Health Service Regulation



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

DHSR-Mental Health

MAR 18 2019

Lic. & Cert. Section

March 4, 2019

Mr. Vernon Jiggetts, Qualified Professional
Professional Family Care Services, Inc.
P.O. Box 35150
Fayetteville, NC 28303

Re: Annual and Follow-up Survey completed February 28, 2019
Professional Family Care Home #2, 1016 Patrick Drive, Fayetteville, NC 28314
MHL # 026-926
E-mail Address: prffamcare@aol.com

Dear Mr. Jiggetts:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed February 28, 2019

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- A re-cited standard level deficiency.
- The other tag cited is standard level deficiency.

Time Frames for Compliance

- A re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is March 30, 2019.
- A standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is April 29, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

March 4, 2019
Mr. Vernon Jiggetts
Professional Family Care Services, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone, Team Leader at (252)568-2744.

Sincerely,



Emily Stanley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHR@Alliancebhc.org
_DHR_Letters@sandhillscntr.org
File