

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/28/2019
NAME OF PROVIDER OR SUPPLIER MCGEE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7803 GREEN MILL DRIVE RALEIGH, NC 27616		
(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
V 000	INITIAL COMMENTS An annual survey was completed on August 28, 2019. Deficiencies were cited. The facility is licensed for the following service category: 10 NCAC 27G. 5600F Supervised Living/Alternative Family Living.	V 000	10A NCAC 27G.0205 – Assessment and Treatment/Habilitation or Service Plan V 112 There were active treatment plans on site for all clients. These were in electronic format and were available to the provider on her computer. However, due to the fact that Universal is using paper charts, we will implement the following: The QP will check to ensure that the paper copies of the plans are on site during each monthly supervision. IF a paper copy is not found at the time of monthly site review, the QP will be required to have a copy in the home within 24 hours. The Residential Manager will ensure that "paper copies" of treatment plans are on site by reviewing this matter at the staff meeting and completing random oversight checks quarterly of random residential sites.	09/10/19
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	10A NCAC 27G.0209 – Medication Requirements V 120 As QP's are completing the monthly checks each month, they will ensure that medications for each person served are kept in separate containers and labeled with persons served name on each. The Residential Manager will also ensure this is done by reviewing this matter at the staff meeting and completing random medication checks quarterly of random residential sites. AFL provider has purchased additional containers to ensure that the medications for each person are kept separately. 10A NCAC 27G.0304 Facility Design and Equipment V752 The QP will work with the AFL provider to set the water heater to maintain between the rule requirements of water temp. of 100 degrees Fahrenheit to 116 degrees Fahrenheit even after baths and appliances that utilized hot water have been used. This will be corrected by 9/06//19 by having the water temperature turned up and/or repaired with testing of the water temperature after repair is completed for a week in various home locations with at least one being upstairs and one being downstairs	09/10/19 09/10/19

DHSR - Mental Health

SEP 10 2019

Lic. & Cert. Section

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2019
NAME OF PROVIDER OR SUPPLIER MC GEE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7803 GREEN MILL DRIVE RALEIGH, NC 27616		
(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
V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure there was an active treatment plan present for 1 of 3 clients (#2). The findings are: Review on 8/27/19 of client #2's record revealed: - admission date 3/1/19 - diagnoses of Moderate Intellectual and Developmental Disorder, Down Syndrome and Hypothyroidism - no active treatment plan During an interview on 8/27/19 the AFL (Alternative Family Living) Provider reported she had not noticed the plan was not in the record because she uses the grid sheets on the computer which lists all her goals and interventions During an interview on 8/27/19, the Qualified Professional reported: - she had a current treatment plan on her computer and would print it out - the plan she then submitted was active as of 6/1/19 - she stated she must have forgotten to bring it to the group home	V 112		
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;	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/28/2019
NAME OF PROVIDER OR SUPPLIER MCGEE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7803 GREEN MILL DRIVE RALEIGH, NC 27616		
(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
V 120	<p>Continued From page 2</p> <p>(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;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were stored separately for 2 of 3 clients (#1 and #2). The findings are:</p> <p>a. Observation on 8/27/19 at 1:14pm of client #1's medications revealed</p> <ul style="list-style-type: none"> - Risperdal 4mg: 1 daily (qd) - Fexofenadine 189mg: 1 qd - Rosavastatin 5mg: 1 qd - Levothyroxine 88mcg: 1 qd - Multivitamin: 1qd - Vitamin D3 5000IU 1 qd - Flonase 50mcg: 2 sprays every morning <p>All the above medications were kept in a locked container with client #1's medication and all over the counter "as needed" medications for any client.</p> <p>Review on 8/27/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date 4/1/17 - diagnoses of Intellectual and Developmental 	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/28/2019
NAME OF PROVIDER OR SUPPLIER MCGEE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7803 GREEN MILL DRIVE RALEIGH, NC 27616		
(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
V 120	Continued From page 3 Disorder, Vitamin D deficiency, High Cholesterol and Hypothyroidism b. Observation on 8/27/19 at 1:14pm of client #2's medications revealed - Jolessa: 1 qd - Levothyroxine 112mcg: 1 qd - Benefiber: 1 tablespoon in 8 oz liquid All the above medications were kept in a locked container with client #1's medication and all over the counter "as needed" medications for any client. Review on 8/27/19 of client #2's record revealed: - admission date 3/1/19 - diagnoses of Moderate Intellectual and Developmental Disorder, Down Syndrome and Hypothyroidism During an interview on 8/27/19, the AFL (Alternative Family Living) Provider reported she did not know they meds couldn't be kept in the same container. She had participated in medication training about separate containers but she thought the tool chest type of container was okay because it had an upper and lower level. She would immediately purchase additional containers.	V 120		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/28/2019
NAME OF PROVIDER OR SUPPLIER MCGEE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7803 GREEN MILL DRIVE RALEIGH, NC 27616		
(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
V 752	<p>Continued From page 4</p> <p>exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the water temperature between 100 degrees Fahrenheit and 116 degrees Fahrenheit. The findings are:</p> <p>Observation on 8/27/19 at approximately 2:30pm revealed the following water temperatures:</p> <ul style="list-style-type: none"> - Kitchen: 92 degrees Fahrenheit - Upstairs hall bathroom: 92 degrees in both the sink and shower - Master Bathroom: 92 degrees in the sink and 70 degrees in the shower <p>During an interview on 8/27/19, the AFL (Alternative Family Living) Provider reported she was unsure why the temperatures varied so much. She leased this house from a property management company and would put in a maintenance request for the work to be done as soon as possible. She has not had good luck with their maintenance response in the past though.</p>	V 752		

Division of Health Service Regulation

--	--	--	--	--

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Macy Hix

quality Improvement Director

STATE FORM

6899

M62511

If continuation sheet 1 of 5

9-4-19