

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2019
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NAME OF PROVIDER OR SUPPLIER WITH A PURPOSE FAMILY CARE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 2204 LOVICK ROAD DOVER, NC 28526
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on December 11, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. The sister facility A client will be identified as client A1.</p>	V 000		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p>	V 115		

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

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V 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, and interviews the facility failed to ensure services were available 24 hours a day for 2 of 2 audited clients (#1 and #2). The findings are:</p> <p>Observation of sister facility A between approximately 11:30 am and 3:30 pm on 12/11/19 revealed 3 clients (#1, #2 and client A1) present at the facility; during the survey process all three clients were provided lunch by staff 1. All three clients moved freely around the facility, including sitting outside on the porches.</p> <p>Observation of the facility at approximately 3:45 pm on 12/11/19 revealed the inside temperature to be cold as if the heat had not been turned on for a period of time.</p> <p>Review on 12/11/19 of client #1's record revealed: - 64 year old male admitted 2/1/12. - Diagnoses included Schizophrenia, paranoid type, Alcohol Dependence, in remission, and Intellectual/Developmental Disability, mild.</p> <p>During interview at sister facility A on 12/11/19 client #1 stated: - He had lived at the facility for a couple of years and had previously lived at different group homes. - He liked the facility because the staff knew him. - He sometimes stayed at "the other" facility.</p> <p>During interview during the facility tour on 12/11/19 when asked "Is this your room?" client</p>	V 115		

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V 115	<p>Continued From page 2</p> <p>#1 stated "When I'm here it is."</p> <p>Review on 12/11/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 34 year old male admitted 10/16/14. - Diagnoses included Schizophrenia, paranoid type, Cocaine Use Disorder, moderate, Cannabis Use Disorder, moderate, and Nicotine Dependence. <p>During interview at sister facility A on 12/11/19 client #2 stated he had lived at the facility "a little while" and they spent time at sister facility A.</p> <p>During interview on 12/11/19 staff #1 stated the clients sometimes spent the night at sister facility A.</p> <p>During interview on 12/11/19 the Administrator/Director/Qualified Professional stated:</p> <ul style="list-style-type: none"> - She only employed 3 staff, including herself, and had 3 clients between two facilities. - Clients were sometimes taken to sister facility A to make it easier to manage. - She knew she needed to hire additional staff. - The clients of the two facilities got along. - She understood the requirement for services in a 24 hour residential facility to be available 24 hours a day, every day in the year. 	V 115		