PRINTED: 12/04/2020
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-859	A. BUILDING: ______ B. WING ______	R-C 12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESTINY FAMILY CARE HOME 2	1238 FAIRLANE ROAD CARY, NC 27511

(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 A complaint and follow up survey was completed on December 4, 2020. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living For Adults with Developmental Disabilities.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview, the facility failed to complete fire and disaster drills at least quarterly and on each shift. The findings are: During interview on 11/20/20 staff #1 reported: (she first pointed to the fire evacuation on the wall) - she could not locate the drills - she looked in the office - she looked in the den area where the clients	V 114	V 114 Effective 12/11/20 All staff will be inserviced on procedures and protocols for conducting fire & disaster drills. Each will be completed by the residential staff on a monthly basis and will be completely on all shifts within the quarter. The administrator will ensure drills have been completed on a monthly basis and will co-sign the form once completed. Additionally, the QP will monitor and conduct drills over the next quarter to ensure that the residents, staff and administrator know are educated on how, when and why fire and & disaster drills should be conducted.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] BA/QP | TITLE | (X6) DATE 12/8/20

RECEIVED
By DHSR Mental Health Licensure & Certification at 4:42 pm, Dec 09, 2020

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V 114	Continued From page 1 watched television - the Licensee must have the fire/disaster book - clients went outside for a fire - clients went in the bathroom for a tornado drill During interview on 11/20/20 client #1 reported: - she would go out her window if it was a fire - no response to tornado drill During interview on 11/20/20 client #3 reported: - fire drill they went to the mailbox - tornado they got in the tub During interview on 11/20/20 client #5 reported: - they went outside for a fire drill - she went in the hallway and put her head down During interview on 11/20/20 the Licensee reported: - drills are practiced at the facility - the fire and disaster log book was at the facility - she had moved it and staff could not locate it During interview on 12/3/20 the Qualified Professional reported: - the Licensee was responsible for completing drills - she will sometimes review the drills to ensure they are completed since it was mostly overlooked - the last time she reviewed the drills were in the spring - 1 drill was missed then This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		

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V 118	Continued From page 2	V 118		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by:	V 118	V118 Medication Requirements Effective 12/11/20 the administrator and all staff will be inserviced on properly documentation. This will include documenting on the MARs.	

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V 118	Continued From page 3 Based on record review and interview the facility failed to ensure MARs were kept current for 1 of 3 audited clients (#2). The findings are: Review on 12/2/20 of client #2's FL2 dated 10/20/20 revealed: - diagnoses of Schizoaffective Disorder; Hypertension; Seizures; Hypothyroidism - Lasix 20mg everyday (can treat fluid retention); (Cogentin 5mg Bid); Depakote 750mg QHS (can treat symptoms of Parkinson Disease); Aspirin 81mg QD (can reduce risk of heart attack); Colace 100mg QHS (stool softner); Synthroid 25mg morning (can treat hypothyroidism); Lipitor 40mg QD (can treat high cholesterol); Haldol 10mg BID (can treat mental disorders); Desyrel 100mg QD (can treat depression) Review on 12/2/20 of client #2's October MAR revealed: - each medication had staff signatures between 10/8/20 - 10/11/20 - the rest of the MAR had blank spaces During interview on 12/3/20 the Licensee reported: - client #2 was in the hospital on the days the MAR was left blank - staff are not required to initial a symbol when clients are not at the facility - nobody has required staff to fill in the blank spaces when the client was not at the facility During interview on 12/3/20 the Qualified Professional reported: - she and Licensee reviewed MARs for errors - since COVID-19 she has not viewed MARs and medications since Feb/March 2020 - there should not be blank spaces on the	V 118		

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V 118	Continued From page 4 MARs - codes were on the back of the MAR - there should be a code for the hospital - she would ensure staff filled in the blank spaces when not at the facility This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		

To: DHSR/Rhonda Smith

From: Elaine Ratliff

DATE: 12/8/20

Re: POC for Destiny Family Care

6 pages