

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/23/2021
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #5	STREET ADDRESS, CITY, STATE, ZIP CODE 19 SUSIE CIRCLE CAMERON, NC 28326
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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, follow-up and complaint survey was completed on April 23, 2021. The complaint (intake #NC00176239) was substantiated and complaint (intake #NC00176186) was unsubstantiated. Deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</p>	V 000		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.</p>	V 291		

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

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V 291	<p>Continued From page 1</p> <p>Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate with the legal guardian in the care and treatment for one of three audited clients (#1). The findings are:</p> <p>Review on 4/21/21 of Client #1's record revealed: -Admission date: 8/14/20 -Diagnoses of Seizure Disorder and Disruptive Behavior</p> <p>Review on 4/21/21 of Client #1's Physician Consultation Form dated 4/20/21 revealed: - [Client #1] was seen and evaluated." "Referral to Behavioral Health." - "Lab work done."</p> <p>Interview on 4/20/21 with Client #1's guardian revealed: -She was aware client #1 had a doctor's appointment. -Staff did not contact her during and after the doctor's visit.</p> <p>Interview on 4/21/21 with the House Manager revealed: -She was client #1's one-on-one worker. -She took client #1 to the doctor on 4/20/21 for a regular follow-up. -Client #1 met with her primary care doctor for lab work and a referral was made to behavioral health. -The referral source will contact the guardian.</p>	V 291		

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V 291	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Client #1's guardian had a history rejecting referral services. -They now encouraged doctors to contact guardian with any recommendation. -Client #1's guardian was aware of her doctor's appointment. -Client #1's guardian normally contacted the doctor's office before the appointment. -Confirmed she did not contact client #1's guardian while at the appointment. <p>Interview on 4/23/21 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> -She would make sure the House Managed called the guardian upon arrival and leaving all doctor appointments. -She would follow-up with the House Manager to ensure calls were made and documented. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 291		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be 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 failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>Observation on 4/21/21 at 10:45 a.m. revealed: -There was a hole in the wall in client #1's bedroom. -There was a crack in the window in client #2's bedroom.</p> <p>Interview on 4/23/21 with the Director/Qualified Professional revealed: -He did regular home inspections and was not aware of the damages. -The company had maintenance staff that completed repairs. -The company would outsource if there was something they were unable to repair.</p>	V 736		