

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/20/2021
NAME OF PROVIDER OR SUPPLIER DANIELS FAMILY CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 237 WESTVIEW PARK DRIVE ROCKY MOUNT, NC 27804		
(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, complaint and follow up survey was completed on 5/20/21. Complaint Intake # 00175795 was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5000C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited clients (#1, #2, & #4) had a drug regimen completed every six months. The findings are: Record review on 5/13/21 of client #1's record revealed: -No date of admission present in records.	V 121		

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

TITLE

(X6) DATE

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V 121	<p>Continued From page 1</p> <p>-An FL2 dated 5/16/21 with diagnoses of Schizophrenia, Cardiomyopathy, Seizure Disorder, Gerd, Hyperlipidemia and A-FIB.</p> <p>Review on 5/13/21 of client #2's record revealed: -Admission on 3/19/13. -Diagnosis of Impulse Control Disorder, History of Attention Deficit Disorder, Learning Disorder, Cannabis Abuse, Mild Mental Retardation, Hyperlipidemia, Vitamin D Deficiency.</p> <p>Review on 5/13/21 of client #4's record revealed: -Admission date of 5/20/11. -Diagnosis of Schizophrenia paranoid type, Interim Explosive Disorder, Mild Mental Retardation, Seizure Disorder, Arthritis, Educational Problems, Occupational Problems.</p> <p>During interview on 5/18/21 a request was made to the Licensee for copies of drug regimen reviews.</p> <p>During interview on 5/18/21 the Licensee stated: -All clients except client #1 had drug regimen reviews. -Client #1 received his medications from the Veterans Affairs and they did not review his medications. -Would fax over copies of the other clients reviews.</p> <p>Fax received on 5/19/21 of client #2 and #4's MAR only showed medications, no evidence of a review by a pharmacist or physician.</p> <p>[This is a recited deficiency and must be corrected within 30 days.]</p>	V 121		

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V 289	Continued From page 2	V 289		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview and observation, the facility failed to operate under the scope for which it was licensed. This affected one of three audited clients (#1). The findings are:</p> <p>A. Review on 5/5/21 of the facility's license revealed: -10A NCAC 27G .5600C Supervised Living Developmentally Disabled Adults</p> <p>Record review on 5/13/21 of client #1's record revealed: -No date of admission present in records.</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>-An FL2 dated 5/16/21 with diagnoses of Schizophrenia, Cardiomyopathy, Seizure Disorder, Gerd, Hyperlipidemia and A-FIB.</p> <p>During interview on 5/18/21 the Licensee stated:</p> <p>-Client #1 is former military and had a Traumatic Brain Injury (TBI).</p> <p>-Did have something with TBI on it, but can't locate it.</p> <p>-Will call his primary care to get something to have at the facility for his record.</p> <p>-He has been with them for many years and is seen by the Veterans Services who knew about his TBI diagnosis.</p> <p>B. Observation on 5/5/21 at 9:30 AM revalued staff #1's daughter and friend sitting in a SUV in the facility driveway upon arrival.</p> <p>-The daughter continued to sit in the drive way for approximately 45 more minutes before leaving.</p> <p>During interview on 5/5/21 Staff #1 stated:</p> <p>-Her daughter brought her mail today.</p> <p>-She stops by and now and again, but does not come in.</p> <p>-None of her family members come into the group home, they just drop by to visit.</p> <p>During interview on 5/5/21 two of four clients interviewed stated:</p> <p>-Staff #1's children come over all the time.</p> <p>-They will hang out in the driveway for long periods of time.</p> <p>-Staff #1's youngest daughter has stayed over night in the facility several times in the last year.</p> <p>-Staff #1's youngest daughter will sleep in the bedroom with her mother.</p> <p>During interview on 5/18/21 the Licensee stated:</p> <p>-Staff #1's family has stopped by, but not aware</p>	V 289		

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V 289	Continued From page 5 of them staying for long periods of time. -Not aware of staff #1's daughter ever staying the night. -Did not go by the home on the nights he did not work to check on things. -Looking for new employee to help with giving him and staff #1 some relief as they are the only two working. -Will address this with staff #1.	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with	V 290		

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V 290	<p>Continued From page 6</p> <p>developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited clients (#1) was capable of remaining in the home without supervision. The findings are:</p> <p>Review on 5/13/21 of client #1's record revealed: -No admission date present. -An FL2 dated 5/16/21 with diagnoses of Schizophrenia, Cardiomyopathy, Seizure Disorder, Gerd, Hyperlipidemia and A-FIB. -No documentation of an assessment for unsupervised time in the home or community.</p> <p>Further review on 5/13/21 of client #1's Treatment Plan revealed: -"...Will have eight hours unsupervised time daily."</p>	V 290		

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V 290	<p>Continued From page 7</p> <p>During interview on 5/5/21 client #1 stated: -He had unsupervised time in the home and community. -He will go out to church and to the store several days a week. -Since covid, had not gone out as much.</p> <p>During interview on 5/14/21 the Licensee stated: -Client #1 had been assessed for unsupervised time and he would fax that over.</p> <p>Received fax on 5/13/21, 5/14/21 that did not include those assessments. Received fax on 5/18/21 that did not include those assessments.</p> <p>[This is a re-cited deficiency and must be corrected within 30 days.]</p>	V 290		