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
	MHL043059	A. BUILDING: _____ B. WING _____	R 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL FAMILY CARE HOME #5	19 SUSIE CIRCLE CAMERON, NC 28326

(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, 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. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291	In the future professional Family Care Services (PFCS) Director of Clinical Services and Residential director will ensure that contact is made to client's legal guardian before, during and after all doctor visits. Director of Clinical Services will follow-up with house manager before, during and after each doctor visit to ensure contact is made with client's guardian and each contact to guardian is documented. DHSR - Mental Health MAY 05 2021 Lic. & Cert. Section	Implementation Date: 04/28/2021 Project Completion Date: Ongoing

Signature: Myra N. Robinson
Myra N. Robinson, Director of Clinical Services

Date: 4/28/2021

Division of Health Service Regulation

Division of Health Service Regulation

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

STATE FORM 6899 6YZE11 If continuation sheet 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043059	A. BUILDING: _____ B. WING _____	R 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL FAMILY CARE HOME #5	19 SUSIE CIRCLE CAMERON, NC 28326

(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 291	Continued From page 1 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. 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: Review on 4/21/21 of Client #1's record revealed: -Admission date: 8/14/20 -Diagnoses of Seizure Disorder and Disruptive Behavior 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." 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. 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.	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043059	A. BUILDING: _____ B. WING _____	R 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL FAMILY CARE HOME #5	19 SUSIE CIRCLE CAMERON, NC 28326

(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 291	Continued From page 2 -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. Interview on 4/23/21 with the Clinical Director revealed: -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. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. 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:	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043059	A. BUILDING: _____ B. WING _____	R 04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL FAMILY CARE HOME #5	19 SUSIE CIRCLE CAMERON, NC 28326

(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 736	Continued From page 3 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. 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.	V 736	PFCS to replace window- Sending window pane to AAA glass for repair. In the future PFCS house manager will do a weekly check on deficiencies of the home and the Residential Director when doing his monthly regular home inspections will look more thorough for any repairs and or replacements that need to be made. Once repair is made the Residential Director will visit the home to ensure repair is completed. PFCS to repair and paint hole in the wall. PFCS house manager will do a weekly check on deficiencies of the home. Once wall is repaired the Residential Director will visit home to ensure its completed	05/07/2021 05/05/2021