Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
7410 1 2741	or contraction	BERTH 10/ MIGHT 16 MBERT	A. BUILDING:			
		MHL032-389	B. WING		05/2	₹ 7/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DESTINY	HOME, INC		ING STREA NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000				
		,				
		sed for the following srevice C 27G .5600A Supervised Mental Illness.				
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107			
	description for the of which: (1) specifies the competency, work of qualifications for the (2) specifies the position; (3) is signed by supervisor; and (4) is retained (b) All facilities shale each staff member provides care or sethe facility: (1) is at least 1 (2) is able to refollow directions; (3) meets the recompetency, work of qualifications for the (4) has no sub neglect listed on the Personnel Registry (c) All facilities or significant to the competency of the compete	Ill have a written job director and each staff position the minimum level of education, experience and other the position; the duties and responsibilities of the staff member and the tin the staff member's file. Ill ensure that the director, or any other person who rvices to clients on behalf of 8 years of age; the ead, write, understand and the minimum level of education, experience, skills and other the position; and stantiated findings of abuse or the North Carolina Health Care				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	,
		MHL032-389	B. WING			7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DESTIN	HOME, INC		LING STREA NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 107	conviction. The implemental decision regarding upon the offense in which the applicant (d) Staff of a facility currently licensed, accordance with apservices provided. (e) A file shall be memployed indicating	pact of this information on a employment shall be based relationship to the job for is applying. y or a service shall be registered or certified in oplicable state laws for the maintained for each individual of the training, experience and for the position, including	V 107			
	facility failed to have affecting three of the Staff #2 and Forme Review on 5/26/21 revealed: -He had a hire date -There was no door signed job description Review on 5/26/21 revealed: -She had a hire date -She was hired as a	eview and interview, the e a complete personnel record ree audited staff (Staff #1, er Staff#3). The findings are: of Staff #1's Personnel Record of 3/4/18. umentation of a written and ion for Staff #1. of Staff #2's Personnel Record				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		MHL032-389	B. WING		05/2	7/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DESTINY	HOME, INC		LING STREA	M ROAD		
		•	, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 107	Continued From pa	ge 2	V 107			
	Review on 5/26/21 Personnel Record r -He had a hire date -He was terminated -There was no docusigned job descripti -There was no produte. #3. Interviews on 5/26/2 Qualified Profession -Some of the staff of taken out from their investigation by Pro-	of Former Staff #3's revealed: of 5/10/21. I on 5/17/21. Jumentation of a written and on for Former Staff #3. If of education for Former Staff 21 and 5/27/21 with the nal and the Owner revealed: documents may had been				
	temporarily as a Ha -Qualified Profession from working with he recommended him -Former Staff #3 wa relieve Staff #1 for a -Group home need because the other pand was unable to a -They confirmed tha #3 did not have doos signed job descriptit -They confirmed tha	abilitation Technician. In the places and to work at the home. It is a sto work at the home to a week. It is a staff to relieve Staff #1 person had suffered a stroke work. It is a staff #1 and Former Staff to rementation of a written and on. It is a staff #2 and Former Staff and Staff #2 and Former Staff				
	file.	of of their education in their stitutes a re-cited deficiency ted within 30 days.				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
		04 COMPETENCIES AND PARAPROFESSIONALS				

Division of Health Service Regulation STATE FORM

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3)		(X3) DATE COMP	SURVEY LETED
				 	F	
		MHL032-389	B. WING		05/2	7/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DESTINY	HOME, INC		ING STREA NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 110	(a) There shall be a paraprofessionals. (b) Paraprofession associate profession professional as spe Subchapter. (c) Paraprofession knowledge, skills as population served. (d) At such time as employment system then qualified profe professionals shall (e) Competence shexhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills; (4) decision-makin (5) interpersonal sl (6) communication (7) clinical skills. (f) The governing be develop and implement of the initiation of the services o	no privileging requirements for als shall be supervised by an nal or by a qualified cified in Rule .0104 of this als shall demonstrate and abilities required by the a competency-based is established by rulemaking, ssionals and associate demonstrate competence. In all be demonstrated by sincluding: edge; ess; eg; kills;	V 110			
	failed to assure 1 of #1) demonstrated k required by the pop	view and interview, the facility f 3 audited staff (Former Staff nowledge, skills and abilities				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R
		MHL032-389	B. WING		27/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
DECTIVI	/ UOME INO	630 RIPPI	ING STREA	M ROAD	
DESTIN	HOME, INC	DURHAM	NC 27704		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COF	(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	COMPLETE DATE
V 110	Continued From pa	ge 4	V 110		
	-Admission date of	3/13/08			
		y; Major Depressive Disorder.			
	-He was his own gu				
		of Former Staff #3's			
	Personnel Record r -He had a hire date				
		signed job description on his			
	record.	signed jed decempation on the			
	-He received training	g on special populations on			
	12/11/20 by the Qua				
	-He was terminated	I on 5/17/21.			
	Review on 5/26/21 revealed:	of an Internal Investigation			
		fied Professional investigated			
		ise against Former Staff #3.			
		as concluded on 5/18/21.			
		Former Staff #3 of having a altercation with him.			
		ormed of the allegation on			
		social services investigator.			
	Report took several	l days to conclude due to			
	, ,	g away from the facility for			
	several days.	anal interviewed recidents at			
	the facility.	onal interviewed residents at			
	,	that he and Former Staff #3			
		to all day on May 7th because			
	1	ow smart he was and how			
		himself and the group home.			
		e didn't like the staff because him what to do and he did not			
	, , ,	someone because he had			
		ome for many years and knew			
	more than anyone				
	-He stated that duri	ng breakfast Former Staff #3			
		n their plates (a standard			
		rvised living). This is			
	i sometning that Clie	nt #3 is accustomed to doing	I		

Division of Health Service Regulation

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ווטופועום	of Health Service Re	eguiation	ī			1
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	2
		MHL032-389	B. WING			7/2021
		WITTE032-309			03/2	.772021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		630 RIPPI	ING STREA	M ROAD		
DESTINY	HOME, INC	DURHAM.	NC 27704			
0/4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		DDOVIDED'S DI AN OF CORDECTIO		()(5)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 110	Continued From pa	ge 5	V 110			
V 110	Continued i Tom pa	ge 5	V 110			
	but didn't want to de	o it because he didn't like the				
	staff member's tone	e and how he was treating him				
		ent from the other clients.				
		ner Staff #3 that he wasn't				
		e plates, Former Staff #3				
		soft and said "you think				
		cial". Client #3 indicated that				
		m the staff at this point.				
		ring lunch Client #3 alleged				
		at some strawberries.				
		ecause he had made noise				
		the dishes Former Staff #3				
		called him weak or soft. To				
		nded "how do you know what I				
		n know me." He then went to				
	his room.	011 1 110 111 111 111				
		g Client #3 alleged that they				
		cording to him, he ordered				
		delivery person passed by the				
		ated that at that point he went				
		the delivery drivers (2				
	females) down.	a vitte the delivery teers and				
		g with the delivery team and				
		"N-word don't look out for				
		ted that after the delivery team				
		ipproached him and said				
		word you were talking about exchanged words and the				
	client went to his ro					
		t #3, he said that Former Staff				
		separating the bottom hinge e. He said that Former Staff #3				
		nd started yelling at him that				
		a tough guy. Client #3 said				
		that he wasn't trying to be				
		hed Former Staff #3's hand				
	away from him.	ilou i oilliei otali #03 ilailu				
		ad not made contact.				
		#3, Client #5 came and				
	removed the staff fi					
	removed the stall li	om the roull.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL032-389	B. WING		05/2	? 7/2021
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DECTINY HOME INC	630 RIPPI	ING STREA	M ROAD		
DESTINY HOME, INC	DURHAM,	NC 27704			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
V 110 Continued From page	ge 6	V 110			
-Client #5 denied th -Client #3 said that administrator and to guy to return but de between themThe administrator the didn't feel like it to anything further. Be about other staff tha pleases and the fact abuse the administr Former Staff #3 and anything majorAt the conclusion of some inconsistencia witnesses don't correstatements made by -A physical altercati but at least one clie the client arguing. A something but could -All of the clients ind an issue with the sta was "pretty cool". A victim deny feeling of personIt was important to took responsibility for a history of not bein demonstrating supe like to be reminded have done correctly what's best for him redirectWhile it could not be altercation took place Staff #3 used inapp attempting to redire -Client #3 may have	is. he then contacted the old her that he didn't want this nied any physical contact alked with him for a while and was necessary to tell her cause he had complained at don't let him do as he to that he denied any physical ator talked with him and doneither shared that this was of the investigation there were as and statements of eye roborate or align with any the victim. In could not be established and the heard donot remember. Sicated that they didn't have aff person and some said he all of the clients outside of the cursafe because of this staff. Inote that the victim rarely for things he had done and had go truthful, condescending and the of anything that he may not anything that he may not the believed that he knew and was quite difficult to the established that a physical ce, it was believed that Former ropriate language when	V 110			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
		MHL032-389	B. WING		05/2	₹ ?7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
DESTINY	HOME, INC		LING STREA	M ROAD		
	T		, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 7	V 110			
	decision making. He been substantiated -Former Staff #3 was one week in this ho -He was terminated to the initiation of the victim telling the adarguing with himEfforts to reach Founsuccessful. A letter he was not to return reason.	as recently hired and worked me. I on Monday, May 10th, prior e investigation, based on the ministrator about the staff was				
	-Reported that he h several years. He lil -He got along with can incident that hap He reported that on to the ground. He whappenedHe also reported the been at the home. It that came to relieve -He had no issues when asked about arguments between #3, he denied knownot see anything. D -Former Staff #3 waissues with Former	ad been at the house for ked the house and staff. others; although he reported opened with Client #3 and him. e time, Client #3 pushed him was unable to say when it that he liked all staff that had had no complaint about staff e Staff #1 with anyone at the home. It him witnessing any fights or a Client #1 and Former Staff ring anything about it. He did id not hear anything. as good to them. He had no Staff #3.				
	-Liked the staff and issues with anyoneRegarding issue w #3, he reported that	ith Client #3 and Former Staff the did not see them fight, but not remember what each				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		-	,
		MHL032-389	B. WING		05/2	7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DESTIN	Y HOME, INC		LING STREA , NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	Interview on 5/26/2 -He did not like For "he acted like a fath telling them what to -On one event, duri started telling peop bathroom where he no rule that clients o bathroom." -Clients were to use other resident's roo -He confronted the went to wash the di frustrated with him. as he was at the ho be his way! -One time, while he he made a lot of no out of the kitchen. F	did not get along well. 1 with Client #3 revealed: mer Client #3 Reported that her. He bossed them around, he do and stuff." high the time of medication, he he that no one could use the he was going to use. "There is couldn't use a certain he the bathroom located inside				
	-On another time, h food for him. When #3 did not want the They started arguin him if he wanted to He did not goLater that night, af Former Staff #3 wa was arguing with hi Former Staff #3 got threatening to want -On another occasi girlfriend on the photon threatened him that neck and took the p-Former Staff #3 started	on, he was talking with his one and Former Staff #3 the was going to break his				

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA	` ′	E CONSTRUCTION	(X3) DATE	SURVEY
		A. BUILDING:			
	MHL032-389	B. WING			⋜ 2 <mark>7/2021</mark>
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DESTINY HOME, INC		LING STREA , NC 27704	M ROAD		
PREFIX (EACH DEFICIENCY MI	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
does not know what whad not pulled Former -He called his family a up at 1:00 AM. Family medicines, but Forme to them. He did not washe did and she called -Family then got medi -He called the Adminis Former Staff #3. She going to return to the I -He liked all the other house. He liked to hel been at the house for Interview on 5/26/21 v -He liked the home, st Had no issues with an -He liked to read the bhappy with everyoneRegarding issue with #3, he reported that he He kind of remembere -Never separated ther Interview on 5/26/21 v Professional revealed -She learned about the #3 and Client #3 where department of social stacility to investigate of informed her of anythin him and Former Staff -Former Staff #3 only 5/3/21-5/10/21Local county department at the house on 5/13/2 -Qualified Professional	Client #5 saved him and would have happened if he or Staff #3 away. In they came to pick him y waited to get his er Staff #3 never gave them that his sister involved, but do the state. In icines in the morning. It is trator and told her about told him that he was not home again. In staff that worked at the lip around the house. He had it many years. With Client #5 revealed: It is and other residents. In it is many years. With Client #3 and Former Staff and other residents. In it is not an other in client #3 and Former Staff are never saw them fighting. It is many in the Qualified do the incident with Former Staff and a staff from local county's services arrived at the complaint. Client #3 never ing that happened between it #3. It worked the week of the ment of social services was	V 110			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		SURVEY PLETED
		A. BUILDING:			_
	MHL032-389	B. WING			R 27/2021
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DESTINY HOME INC	630 RIPP	LING STREA	M ROAD		
DESTINY HOME, INC	DURHAM	, NC 27704			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 110 Continued From p	age 10	V 110			
She had never restaff before regard-She had recommstaff that had suffito relieve Staff #1 -Former Staff #3 with knowledgeable stabout the allegation-She conducted hear and conducted hear and content with the staff separating Former staff #3 fights and content from the staff separating Former fight. Denied seeing the margums of the staff separating former separating former fight. Denied seeing the margums of the successful in compact separating former fight. She had tried to successful in compact separating former fight. She could not successful in compact separating former fight. She had tried to successful in compact separating former fight. She had tried to successful in compact separating former fight. She had tried to successful in compact separating former fight. She had tried to successful in compact separating former fight. She had gotten to way of embellishing staff for the staff shad gotten to way of embellishing staff for the staf	ceived any complaints about the ding any kind of abuse. ended him to cover for another ered a stroke and was not able for his leave. I was a very experienced and aff. She was surprised to learn on. er own internal investigation. It is something may had happened ent, but there was no physical elieved that it was more of a I all the clients at the house. hey had seen Former Staff #3 ting. hem about arguing with each ted it at first, but later said that red them say something to each ed to deny seeing them fight. Client #5. He stated that he loved people. He denied ever restaff #3 and Client #3 from a neg them fight. Acknowledged using about something. Estantiate the allegation. I call the staff, but had not been municating with him. I idate any physical action, she is enough for a verbal interaction and client. I y something to the client that appropriate. Verbal abuse was ent #3 was not in any danger.				

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:			COMP	LETED
	MHL032-389	B. WING		05/2	R 7/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DESTINY HOME, INC	630 RIPPL	ING STREA	M ROAD		
DESTINI HOWE, INC	DURHAM,	NC 27704			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 110 Continued From page	ge 11	V 110			
helps the house starmay be a part of rurnot liked that Formethat he was the stafdid not like people the also did not like him. It's like a power over offelt that others may anot be returning to the returning to	ff a lot. He also felt that he nning the house. He may had er Staff #3 may had told him if at the house and not him. He hat may pose a thread to him. people that are taller than r issue. He liked to have thers. Client #3 also frequently be jealous of him. as already relieved and would he house. ident, report was made on #3's name was also reported Personnel Registry. all abuse due to interview with st of the other clients at the owledged some arguing aff #3 and Client #3. She did had been said. Staff should	V 110			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		75512515.			R	
		MHL032-389	B. WING			7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DESTINY HOME INC			ING STREA NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 110	with the Qualified PinvestigationThe Qualified Profinvestigation. She is physical abuse validated possible validated possibl	essional about the essional conducted internal nterviewed residents. No dated. Qualified Professional verbal abuse. Incident report at been able to interview the name was listed on the Health also believed that there was She did not believe that staff ght with client. Client would er. He only had called her to like the staff, buld not be returning to the she and the Qualified	V 110			
V 112	-Corrective action she and the Qualified Professional made was to remind residents that they could contact them anytime they felt it was needed. Their contact information was given to them again. They were reassured that they could call them anytime! 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;		V 112			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
		MHL032-389	B. WING		05/27/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DESTINY	HOME, INC		LING STREA , NC 27704	M ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
V 112	(3) staff responsible (4) a schedule for annually in consultate responsible person (5) basis for evaluatioutcome achievem (6) written consent responsible party, or	e; review of the plan at least ation with the client or legally or both; ation or assessment of	V 112				
	facility failed to have written consent or a responsible party, or provider stating why obtained affecting to #3). The findings at Review on 5/26/21 -Admission date of -Diagnoses Schizoa TypeHe was his own gu-Client #2's Person written consent or a Review on 5/26/21	views and interviews, the e a Person Centered Plan with agreement by the client or or a written statement by the y such consent could not be wo of three clients (#2 and re: of Client #2's record revealed: 5/6/19. affective Disorder, Bipolar uardian. Centered Plan had no current agreement by the client. of Client #3's record revealed:					
	-Admission date of	3/13/08. y; Major Depressive Disorder.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		MHL032-389	B. WING		05/2	7/2021	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
DESTINY HOME, INC			ING STREA NC 27704	M ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 112	Continued From pa	ge 14	V 112				
	-Client #3's Person Centered Plan had no current written consent or agreement by the client. Interview on 5/26/21 and 5/27/21 with the Qualified Professional revealed: -She was responsible for completing the Person Center PlansPerson Center Plan for Clients #2 and #3 were recently completedShe did not know why updated plans for Clients #2 and #3 were not signed by the clientsShe confirmed that the Person Centered Plans for Clients #2 and #3 had no written consent or agreement by the client.						
V 118	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;		V 118				

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STATE FORM 6899 3FVY11 If continuation sheet 15 of 28

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			74 BOLESINO		R	
		MHL032-389	B. WING			7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DESTIN	HOME, INC		ING STREA NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	(C) instructions for (D) date and time to (E) name or initials drug. (5) Client requests checks shall be recommended.	administering the drug; ne drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation	V 118			
	This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure: A.) Have physician orders for administered medications affecting one of three audited clients (Client #2). and B.) Medications were administered by unlicensed person trained by a registered nurse, pharmacist or legally qualified person and privileged to prepare and administer medications affecting two of three audited staff (Staff #2 and Former Staff #3).					
	revealed: -Admission date of -Diagnosis of Schiz Type.	coaffective Disorder, Bipolar				
	orders dated 6/3/19 -Fluticasone 50 mid one spray in each r	crogram (mcg) Spray- Apply				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
		MHL032-389	B. WING			₹ ?7/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
DESTINY	HOME, INC		ING STREA NC 27704	M ROAD		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODEFICIENCY)		COMPLETE DATE
V 118	Continued From pa	ge 16	V 118			
	-Fluticasone 50 mcg Spray was available and last dispensed on 2/15/21.					
	Review on 5/26/21 of Client #2's Medication Administration Record for March 2021 through May 2021 revealed: -Medication had been given daily.					
	B.) Review on 5/26/21 of Staff #2's Personnel Record revealed: -She had a hire date of 2/18/21She was hired as a Habilitation Technician IThere was no documentation that Staff #2 received training on Medication Administration.					
	Review on 5/26/21 of Former Staff #3's Personnel Record revealed: -He had a hire date of 5/10/21There was no documentation of a written and signed job description for Former Staff #3There was no documentation that Former Staff #3 received training on Medication Administration.					
	Qualified Profession—They thought all of were in their file. -They had the phare—Some of the staff of taken out from their investigation by Profession—Former Staff #3 hat temporarily as a Haten all equalified Profession from working with the recommended him Former Staff #3 warelieve Staff #1 for all expension—Former Staff #1 for all expension—Former Staff #1 for all expension—The staff #1 for all ex	ad been hired to work abilitation Technician. onal knew Former Staff #3 him at other places and to work at the home. as to work at the home to				
		person had suffered a stroke				

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STATE FORM 6899 3FVY11 If continuation sheet 17 of 28

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		MHL032-389	D. WING	· · · · · · · · · · · · · · · · · · ·	05/2	7/2021
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
DESTINY	HOME, INC		ING STREA NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	and was unable to variety knew that Stareceived training on They would make a documentation wou folders. They confirmed that for the Fluticasone have a new one. They confirmed that #3 did not have documentation.		V 118			
V 131	Verification G.S. §131E-256 HE REGISTRY (d2) Before hiring health care facility of health care facility sersonnel Registry	HCPR - Prior Employment EALTH CARE PERSONNEL ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident oropriate business files.	V 131			
	facility failed to acce Registry (HCPR) pr three audited staff (findings are:	et as evidenced by: eview and interviews, the ess the Health Care Personnel ior to employment for two of #2 and Former Staff #3). The of Staff #2's Personnel Record				

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FORM SPYY11 If continuation sheet 18 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL032-389	B. WING		R 05/27/2021	
	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S LING STREA , NC 27704	STATE, ZIP CODE M ROAD	1 00/2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 131	-There was no evid record. Review on 5/26/21 Personnel Record r -He had a hire date -There was no door signed job descriptit -There was no evid record. Interview on 12/18/ -Some of the staff of taken out from their investigation by Pro-Former Staff #3 hat temporarily as a Ha-Qualified Profession working with herecommended him -Former Staff #1 for a-Group home need because the other pand was unable to the staff HCPR che-They confirmed that #3 did not have door agency accessed the staff was unable to access which was unable to access was unable to ac	e of 2/18/21. a Habilitation Technician I. ence of a HCPR check on of Former Staff #3's evealed: of 5/10/21. umentation of a written and on. ence of a HCPR check on 19 with the Owner revealed: documents may had been file due to a recent dective Services. Ind been hired to work bilitation Technician. In al knew Former Staff #3 im at other places and to work at the home to a week. ed a staff to relieve Staff #1 person had suffered a stroke work. aff #2 and Former Staff #3 had	V 131			
V 133		inal History Record Check MINAL HISTORY RECORD D FOR CERTAIN	V 133			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOILDING.			₹
		MHL032-389	B. WING			7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DESTIN	HOME, INC		ING STREA NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 133	APPLICANTS FOR (a) Definition As a "provider" applies to program and any prodevelopmental disasservices that is licer. Chapter. (b) Requirement provider licensed unapplicant to fill a possibility applicant to have an conditioned on concriminal history reconstituted applicant has belies than five years is conditioned on concriminal history reconstituted a check of the applicant has befive years or more, on consent to a Stacheck of the applicant criminal history reconstituted and provided	EMPLOYMENT. used in this section, the term of an area authority/county rovider of mental health, ability, and substance abuse insable under Article 2 of this An offer of employment by a inder this Chapter to an isition that does not require the in occupational license is issent to a State and national ord check of the applicant. If iteen a resident of this State for it, then the offer of employment onsent to a State and national ord check of the applicant. The istory record check shall the applicant's fingerprints. If iteen a resident of this State for then the offer is conditioned interest of the applicant of the criminal history record ant. A provider shall not it who refuses to consent to a ord check required by this otherwise provided in this ive business days of making in of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this init a request to a private State criminal history record this section. Notwithstanding is Department of Justice shall if national criminal history imployment positions not	V 133			

Division of Health Service Regulation STATE FORM

DIVISION	of Health Service Re	egulation	_			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		MIII 022 200	B. WING		F 05/0	
		MHL032-389	B. W(0		05/2	7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		630 RIPPI	ING STREA	M ROAD		
DESTIN	HOME, INC		NC 27704			
	OUR MAA DV OTA			DDOLUDEDIO DI ANI OF CODDECTI	211	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	`	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
1/ 400	0 " 15	00	1/400			
V 133	Continued From pa	ge 20	V 133			
	Criminal Records C	Check Unit. Within five				
		eceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		e provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		ninal Information data bank				
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State ord check required by this				
		ousiness days of the				
		employment by the provider.				
		nformation received by the				
		itial and may not be disclosed,				
		ant as provided in subsection				
		For purposes of this				
		n "private entity" means a				
		engaged in conducting				
	records obtained from	ord checks utilizing public				
		oplicant's criminal history Is one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:	prior angle of the prime				
		eriousness of the crime.				
	(2) The date of the					
		person at the time of the				
	conviction.					

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DIVISIO	of Health Service Re	eguiation				
	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL032-389	B. WING		R 05/27/2021	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DESTIN	V HOME INC	630 RIPPI	ING STREA	M ROAD		
DESTIN	Y HOME, INC	DURHAM	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 21	V 133			
	(4) The circumstant commission of the (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the data (7) The subsequent a relevant offense. The fact of convictions that the provider disqualification of the provider may disclost the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (d) Limited Immunition or employee of a promplies with this scivil liability for: (1) The failure of the individual on the bath criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense in federal criminal history federal criminal history relevant offense in federal criminal history relevant offense in federal criminal history responsibility indictment of a criminal history responsibility in federal criminal history	ces surrounding the crime, if known. The centhe criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. It commission by the person of the commission by the person of the considered by the provider. It is an applicant after the relevant factors, then the considered by the provider. It is information contained in record check that is relevant to the considered by the provider on, but may not provide a copy or record check to the considered to the considered to the considered and an officer covider that, in good faith, the considered to employ an an asis of information provided in record check of the individual. It is an employee's history of the employee's criminal is requested and received in				

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TE FORM Seed 3FVY11 If continuation sheet 22 of 28

DIVISION	Of Fleatill Service IN	guiation			ı	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	2
		MHL032-389	B. WING			27/2021
		1111202 000			00/2	172021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DESTINY	HOME, INC	630 RIPPL	ING STREA	M ROAD		
DEGINA	DURHAN					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	•	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATURY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIAIE	DATE
				,		
V 133	Continued From pa	ge 22	V 133			
	crimes include the	criminal offenses set forth in				
	any of the following	Articles of Chapter 14 of the				
	General Statutes: A	article 5, Counterfeiting and				
		ubstitutes; Article 5A,				
	Endangering Execu	itive and Legislative Officers;				
		Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
	Kidnapping and Abo	duction; Article 13, Malicious				
	Injury or Damage b	y Use of Explosive or				
	Incendiary Device of	or Material; Article 14, Burglary				
	and Other Housebr	eakings; Article 15, Arson and				
	Other Burnings; Art	icle 16, Larceny; Article 17,				
	Robbery; Article 18	, Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		al Transaction Card Crime				
		ıds; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
		on; Article 28, Perjury; Article				
		31, Misconduct in Public				
		ffenses Against the Public				
		Riots and Civil Disorders;				
		on of Minors; Article 40,				
		amily; Article 59, Public				
		ticle 60, Computer-Related				
		es also include possession or				
		ation of the North Carolina ces Act, Article 5 of Chapter				
		statutes, and alcohol-related				
		ale to underage persons in				
		B-302 or driving while				
		n of G.S. 20-138.1 through				
	G.S. 20-138.5.	101 0.0. 20-100.1 tillough				
		shing False Information Any				
		yment who willfully furnishes,				
		se gives false information on				
		olication that is the basis for a				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
			A. BOILDING.			R	
		MHL032-389	B. WING			27/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DESTIN	HOME, INC		LING STREA , NC 27704	M ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 133	criminal history receshall be guilty of a (g) Conditional Empemploy an applicant obtaining the result check regarding the following requirement (1) The provider shippior to obtaining the criminal history recesubsection (b) of the fingerprint cards as (2) The provider shippior cards as (2) The provider shippions and the provider shippions and the provider shippions are conditional employing 2001-155, s. 1; 200	ord check under this section Class A1 misdemeanor. Dloyment A provider may t conditionally prior to s of a criminal history record applicant if both of the	V 133				
	facility failed to according Registry (HCPR) properties and the findings are:	eview and interviews, the ess the Health Care Personnel for to employment for two of Staff #2 and Former Staff #3).					
	revealed: -She had a hire dat -She was hired as a -There was no crim check on Staff #2's	a Habilitation Technician I. inal check documentation personnel record.					
	Review on 5/26/21 Personnel Record in	of Former Staff #3's evealed:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		R	
MHL032-389		B. WING		05/2	7/2021	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
DESTINY	HOME, INC		ING STREA NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From page 24 -He had a hire date of 5/10/21. -There was no documentation of a written and		V 133			
	signed job descriptionThere was no criminal check documentation check on Former Staff #3's personnel record.					
	Interview on 12/18/19 with the Owner revealed: -Some of the staff documents may had been taken out from their file due to a recent investigation by Protective ServicesFormer Staff #3 had been hired to work temporarily as a Habilitation TechnicianQualified Professional knew Former Staff #3 from working with him at other places and recommended him to work at the homeFormer Staff #3 was to work at the home to relieve Staff #1 for a weekGroup home needed a staff to relieve Staff #1 because the other person had suffered a stroke and was unable to workThey knew that Staff #2 and Former Staff #3 had had their Criminal Background check beforeThey confirmed that the facility failed to have the criminal history record for Staff #2 and Former Staff #3 available.					
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 103 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			

Division of Health Service Regulation STATE FORM

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 630 RIPPLING STREAM ROAD DURHAM, NC 27704 PROVIDERS PLAN OF CORRECTION (EACH DETICIENCY MUST BE PRECEDED BY PLUL (FACH DETICENCY MUST BY PROVIDER BY PROVIDER BY PROVIDER BY PLUL (FACH DETICENCY MUST BY PROVIDER BY PROVIDER BY	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER DESTINY HOME, INC MAJ ID SUMMARY STATEMENT OF DEFICIENCIES ID PREPER (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 736 Continued From page 25 V 736 V 736 This Rule is not met as evidenced by: Based on observation and interview, the facility falled to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 5/26/21 at 9:30 AM of the Kitchen area revealed: -The wall behind the dining table was heavily scratched from chairs rubbing against it and in need of repaintingPaint from the corner of small wall leading from living area to the kitchen was peeling offAll other walls in the kitchen area were dirty and scratched and in need to be repaintedDoor leading to the staff room was also dirty and scratchedWater temperature from kitchen sink: First measurement at 9:34 AM was 138 degrees Fahrenheit. Second measurement at 12:00PM was 111 degrees Fahrenheit after temperature was adjusted by staff. Observation on 5/26/21 at 9:40 AM of the Outside of the house and Grounds revealed: -There was an old broken door leaning against the back door of the housePaint was peeling/chipping off from the sidings all around the outside of the homeWood frames around the windows were rotten/soft.							₹
SUMMARY STATEMENT OF DEFICIENCYS SUMMARY STATEMENT OF DEFICIENCISS SUMMARY STATEMENT OF DEFICIENCYS SUMMARY STATEMENT OF DEFICIENCYS SUMMARY STATEMENT OF DEFICIENCYS PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PRE	MHL032-389		B. WING		05/2	7/2021	
CALL DEFICIENCY DURHAM, NC 27704	NAME OF	PROVIDER OR SUPPLIER		, ,	•		
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG	DESTINY	HOME, INC			M ROAD		
This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 5/26/21 at 9:30 AM of the Kitchen area revealed: - The wall behind the dining table was heavily scratched from chairs rubbing against it and in need of repainting Paint from the corner of small wall leading from living area to the kitchen was peeling off All other walls in the kitchen area were dirty and scratched and in need to be repainted Door leading to the staff room was also dirty and scratched Water temperature from kitchen sink: First measurement at 9:34 AM was 138 degrees Fahrenheit. Second measurement at 12:00PM was 111 degrees Fahrenheit after temperature was adjusted by staff. Observation on 5/26/21 at 9:40 AM of the Outside of the house and Grounds revealed: - There was an old broken door leaning against the back door of the house Paint was peeling/chipping off from the sidings all around the outside of the home Wood frames around the windows were rotten/soft.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
chipping/peeling offBushes by the Air Conditioning unit were overgrown and in need to be trimmedBlack door in the back of the house leading to the laundry room had paint chipping/peeling off. Observation on 5/26/21 at 9:50 AM of the Living	V 736	This Rule is not me Based on observation aclean, safe and findings are: Observation on 5/2 area revealed: -The wall behind the scratched from chaneed of repaintingPaint from the correliving area to the kiter and in neuron leading to the scratched and in neuron leading to the scratchedWater temperature measurement at 9:: Fahrenheit. Second was 111 degrees Fawas adjusted by state of the house and Games and G	et as evidenced by: on and interview, the facility ility grounds were maintained I attractive manner. The 6/21 at 9:30 AM of the Kitchen e dining table was heavily irs rubbing against it and in her of small wall leading from tichen was peeling off. he kitchen area were dirty and hed to be repainted. he staff room was also dirty and he from kitchen sink: First had AM was 138 degrees he measurement at 12:00PM harrenheit after temperature haff. 6/21 at 9:40 AM of the Outside house rounds revealed: horoken door leaning against he house. hothipping off from the sidings de of the home. had the windows were front of the home had paint front of the home had paint front of the home had paint front of the house leading to had paint chipping/peeling off.	V 736			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL032-389			B. WING			R 5/ 27/2021	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 630 RIPPLING STREAM ROAD DIDLIAM NO. 27704						
DESTIN	r HOWE, INC	DURHAN	I, NC 27704				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 26	V 736				
	-All walls were dirty	and had scratches on them.					
	by hall revealed: -One of the light bu burnedWater Temperature degrees Fahrenheit 11:50 AM after tem staff.	6/21 9:55 AM of the Bathroom lbs next to the mirror was e was initially measured at 121 t, but later recorded 111 at perature was lowered by the					
	Bedroom in front of revealed: -Door was dirty and	6/21 at 10:00 AM of the the bathroom by the hall scratched. per at the top was peeling off.					
	Bedroom located at right revealed: -There was a strong -The door was dirty	e bathroom was unable to be					
	Bathroom located ir -There was Mold/M shower. -Walls were dirty ar	6/21 at 10:07 AM of the nside the bedroom revealed: ildew in the corner of the nd scratched.					
	Bedroom located at left revealed: -Window facing the on the up positionThe inside of the d	6/21 at 10:13 AM of the the end of the hall and to the street was unable to be kept oor frame was cracked.					
	Observation on 5/2	6/21 at 10:17 AM of the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDING:		R			
MHL032-389		B. WING		05/2	7/2021			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 630 RIPPLING STREAM ROAD							
DESTINY	HOME, INC		NC 27704	AW ROAD				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 736	Continued From pa	ge 27	V 736					
		e entrance door revealed: s was cracked (right side).						
	area revealed: -Walls were dirty ar	e front was dirty and had paint						
	-Facility was respond to the homeShe had a mainter home and making rewalk-through was target -She would have more repairsShe confirmed the	aintenance staff do necessary facility failed to ensure facility tained in a safe, clean,						

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