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	MHL051-203	A. BUILDING: _____ B. WING _____	R 06/29/2021

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ULTIMATE FAMILY CARE HOME	3310 NC 210 HWY SMITHFIELD, NC 27577

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V 000	INITIAL COMMENTS An annual, follow-up and complaint survey was completed on June 29, 2021. The complaints were substantiated (intake #NC00177918 & #NC00177804). Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	V 110		

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V 110	Continued From page 1 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Supervisor demonstrated the knowledge, skills and abilities required by the population served affecting one of three audited clients (#1). The findings are: Review on 6/29/21 of the Supervisor's record revealed: -Hired date: 5/20/16 as a Paraprofessional. -Promoted to Supervisor 9/29/20. -No documentation on disciplinary action in record. -Special Population training completed 2/26/16. -Suspended for one week during investigation. Review on 6/24/21 of Client #1's record revealed: -Admission date of 2/10/21. -Diagnoses of Schizophrenia, Anxiety Disorder, NOS and Cannabis Abuse in Remission. -Legal Guardian - Biological Sister since February 24, 2021. -Two ATM receipts: both included debit in the amount of $300.00; 1st one dated 2/11/21; 2nd debit recent illegible. Note: ATM only allowed one transaction per day. Review on 6/28/21 of the Internal Investigation dated 6/2/21 revealed: - "Prior to June 1, 2021, there was communication between the [Administrator] and	V 110		

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V 110	Continued From page 2 [Client #1' Legal Guardian] concerning payments owed to Ultimate Family Care Home for [Client #1's] stay. On June 7, 2021, the [Administrator] informed [Client #1's Legal Guardian] of how much was owed from February 2021-May 2021, via email. According to the email special assistance did not pay for the months of February and March 2021. Special Assistance paid $434.00 for April and $434 for the month of May. The email also consisted of the [Administrator] informing [Client #1's Legal Guardian] that Ultimate Family Care Home charged [Client #1] according to Medicaid rate which is $1182.00 every month. [Client #1's Legal Guardian] then responded to the [Administrator's] email stating "[Client #1] did pay in cash in February." [Client #1] paid the [Supervisor] $650 in cash or something like that and [Supervisor] gave [Client #1] $50 as allowance for February. According to [Client #1's Legal Guardian], the [Supervisor] took [Client #1] to the bank in February and payment was received. After the allegation was made by [Client #1's Legal Guardian] that the [Supervisor] took the payment, the [Administrator] requested that the [Client #1's Legal Guardian] communicates with the [Administrator] going forth and that Ultimate Family Care Home has a zero policy of collecting cash and that [Client #1] did not pay anyone. The [Administrator] and [Qualified Professional], immediately conducted an internal investigation into [Client #1's Legal Guardian] allegation. The [Supervisor] was suspended while the investigation took place ..." Interview on 6/21/21 and 6/28/21 with Client #1's Legal Guardian revealed: -She became legal guardian on 2/24/21. -Client #1's mother was the payee. -She denied giving the supervisor permission to take client #1to the bank for money.	V 110		

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V 110	Continued From page 3 -They never called and said they would take client #1 to the bank. -The payee had already given client the card. -The supervisor told client #1's mother the group home would be his payee. -She mostly communicated with the supervisor. -Client #1's mother gave him the bank card because the supervisor asked for it. -Client #1's mother spoke limited English. -She wasn't the guardian when client #1 was admitted. -She had no access to client #1's money. -She asked to be the guardian of client #1's estate but denied. -She is the legal guardian of the person; she had no control of client #1's money. -Whoever picked up client #1 upon admission asked for the card. -The supervisor asked her who had client #1's the card. -When it came to money, you had to contact client 1's mom. -The supervisor told her she gave client #1 $50.00 out of the $600.00 from the withdraw -The supervisor never gave a receipt. -The supervisor never called and asked to take client to the bank or to get money order. -No one mentioned payment for February when March and April was paid. -The Supervisor should have never taking him to the bank. -Her mom would have never given permission for client #1 to take money out the bank Interview on 6/24/21 with Client #1 revealed: -He stated, "it's good and bad" here. He had visits from his family. -The facility helped him out with crises and health problems. -The supervisor took him to the bank.	V 110		

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V 110	Continued From page 4 -He was in the car with the supervisor and another client. -The supervisor dropped off the other client at the doctor and took him to the bank. -He had a direct express card from social security. -His name and his mother's name was on the card. -He did not go inside the bank. -He used the atm machine outside. -He had a balance of $623.00 - $66.00 (2x). -He said he took out $623 and gave the Supervisor the balance after keeping $132.00. -He gave the supervisor $491.00; "just estimate it. It could be more or less." -He gave the Supervisor the balance in cash. -The money was supposed to be for February 2021 rent. -He gave the balance to the Supervisor. -His mother told him to ask for a receipt. -He asked the Supervisor for a receipt. -The supervisor said she would give it to him on March 10, 2021. -She never gave him the receipt. -He was supposed to be discharged because he did not have rent money. -Client #1 showed surveyor a copy of the receipts but not until contact was made with his legal guardian for confirmation. Interview on 6/24/21 of the Supervisor's revealed: -Anything financial she did not handle; the owner handled everything. -She confirmed she took client #1 to the bank. -Client #1's mom and sister gave him his card. -Reported she took client #1 to the bank for a lock box at the bank. -She did not go in the bank with the client #1. -She drove client #1 to the bank. -She reported client #1 told her something about	V 110		

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V 110	Continued From page 5 a lock box and needed money for a soda. -She stated, she had no idea how much client #1 took out. -When asked if client #1 used the atm, she stated, "not that I know of." -She had everyone in the house with her in the van. -All the clients went to the bank which is why she did not go in the bank. -She just remember asking client #1 if he did everything he needed to do; client told her no and that he needed to return with his sister. Interview on 6/25/21 with the Supervisor revealed: -She denied client #1 gave her money. -She denied client #1 gave her money when he left the bank. -She denied that she asked client #1's mother for the debit card. -She had no idea why client #1 saying he gave her money. -She did not remember telling client #1 about getting a receipt. - "I never dealt with client #1's cash or food stamp card." -She told client #1 he could use a food stamp card, but she would not. -She never knew anything about a bank card. -Someone at the day program told her about the client #1's guardian allegation. -There was good communication with client #1's guardian prior to this incident. -The only communication she had was instructing the family to get a money order for client #1's stay at the home. -She contacted the family about receiving payment. -Every other time money was dropped off from the family via money order.	V 110		

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V 110	Continued From page 6 -Client #1 said he was going to the bank for a locked box; That was her purpose for taking client to the bank. -Client #1's legal guardian wanted her to take him to the bank. -She first took client #1 to the pharmacy to pick up his injection and then he asked to go the bank. -She has never dropped a client off at a primary care office and left them there. "No way, I'm not taking that one." -The day she took client #1 to the bank she took him to his primary care, to the pharmacy and then to the bank. -She confirmed client #1 was legally incompetent. -She confirmed client #1 did not have unsupervised time to enter the bank alone. -She confirmed client #1 had a legal guardian and payee to make financial transactions. -She confirmed she did not document reported outing with client #1 and the other clients. -She confirmed the administrator gave her permission to take client #1 to the bank for a safe deposit box per request of family, not to retrieve money. Interview on 6/29/21 with the Administrator revealed: -Client #1's legal guardian called requesting that the supervisor take him to the bank about a safe deposit box. -She gave the supervisor permission to take client #1 to the bank. -Supervisor left the group home with more than client #1 in the van. -There was nothing to do with money. -Client #1 should not have gone in the bank alone. -She did not deal with cash; only accepted money order. -The supervisor was suspended for one week	V 110		

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V 110	Continued From page 7 while she and the QP investigated the allegation. -The allegation was found unsubstantiated due to lack of evidence.	V 110		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure all medications were stored securely affecting one of three audited clients (#1). The findings are: Review on 6/24/21 of Client #1's record revealed:	V 120		

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V 120	Continued From page 8 -Admission date of 2/10/21. -Diagnoses of Schizophrenia, Anxiety Disorder, NOS and Cannabis Abuse in Remission. Observation on 6/24/21 of Client #1's medication revealed: -Clonazepam 1mg - take one table by mouth 2x/day. -Medication was available in the medication box with the rest of his medication. -Clonazepam was not in a secure locked box. - Interview on 6/21/21 with Client #1's Legal Guardian revealed: -The supervisor accused client #1 of stealing medication with no evidence. -The said the medication cabinet was open and should have been locked. -The supervisor also accused client #1 of stealing staff money for buy medicine. -The medicine client #1 was prescribed was an addictive medication. -When she went to the facility the medicine cabinet was still opened. -They still were not locking it. Interview on 6/25/21 with the Supervisor revealed: -Visitors were not allowed in the staff office. -Every meeting she ever had with visitors/guardians were out on the porch. -Client #1 was blamed for stealing klonopin and some money. -Client #1's former doctor for medication management said client #1 had a history. -The former doctor said client #1 went to the behavioral health unit and got fixation or klonopin. -The former doctor made it as needed upon discharge. -Client #1 said he liked the way it made him feel	V 120		

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V 120	Continued From page 9 versus Ativan. -No one took codeine; it was klonopin. -The office door was opened. -All the staff and clients were outside except client #1. -They learned klonopin package was gone. -They sat down and counted the pills. -She said there were 5 pills missing. -The medication should have been in the locked cabinet. -Confirmed the medication was not in a locked box for controlled medication. -Each client medication was in their own personal bin in a closet that was locked. -They had a separate sheet for control medication. -The pills were found in a medication cup. Interview on 6/29/21 with the Administrator and Supervisor revealed: -They thought the medication was missing. -Learned the medication was misplaced in a separate medicine cup. -Former staff put client #1's medication in a cup because he kept asking for it. -During this time client #1 was prescribed clonazepam as needed. -The administrator found the medicine. -The former staff was saying the medication and other things were missing. -Confirmed the incident was not documented because it was found. -The medicine was in a bottle not in a bubble pack. -Confirmed the locked box was in the facility but not being used. -She found and started using the locked box after interview with surveyor on 6/25/21. -The administrator confirmed controlled medication should be in a separate locked box.	V 120		

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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. 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 (#2). The findings are:	V 291		

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V 291	Continued From page 11 Review on 6/29/21 of client #2's record revealed: -Admission date of 9/12/14. -Diagnoses of Mortar Syndrome, Schizoaffective disorder, ADD, Intellectual Disability, Mild and Autism. -Day Program participation 5x/week. -Client missed two weeks. Interview on 6/23/21 with Client #2's Legal Guardian revealed: -Client #1 was going to the day program three days a week. -Medicaid for was paying for 2 days and family was paying for the 3rd day. -Medicaid approved client #1 to return 5 days a week after Covid. -Once approved client #1 missed two weeks. -Staff at the day program told her that another client at the day program had scabs all over his body. -The day program was closed to sanitize the whole place. -Another client that lived in the same house as client #2 had scabs all over him. -The day program wasn't going to let clients back until they received receive a letter from the other client's doctor to say they were treated. -She heard from the day program it was bed bugs. -The group home supervisor told her it was being treated and it was lice. -She called back to find out when they were going to start the program again. -The house was exterminated. -She did speak to the Medicaid provider and reported client #2 was still approved. -The Supervisor did not inform her that client #2 did not attend the day program for two weeks.	V 291		

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V 291	Continued From page 12 Interview on 6/24/21 with Supervisor revealed: -On 5/10/21 the day program noticed that another client in the group home had some marks or scratch marks on his arm. -She took that client to the primary care doctor the next morning on 5/11/21. -The day program was not shut down. -The day program did not allow clients in the group home to attend until they were satisfied with results. -The day program needed more information. -The house was also exterminated for bed bugs just in case. -The day program was not satisfied what they turned in from the exterminator. -Clients from the group home that attended the day program was allowed back after two weeks. -She did not realize it was going to take two weeks before the day program allowed the clients to return. -It took the day program over a week to get back to them regarding approval of documents she sent. -The day program wanted a copy of the exterminator invoice and receipt, what rooms were treated and was heat used. -The day program kept asking for additional information. -They were waking clients up every morning to attend the program, but they was not allowed. -They was no evidence of bed bugs; it was a common rash. -Confirmed she did not inform the guardians.	V 291		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the	V 318		

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V 318	Continued From page 13 Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report an allegation of abuse to Health Care Personnel Registry within 24 hours of becoming aware of the allegation. The findings are: Review on 6/24/21 of Client #1's record revealed: -Admission date of 2/10/21. -Diagnoses of Schizophrenia, Anxiety Disorder, NOS and Cannabis Abuse in Remission. Review on 6/28/21 of the Internal Investigation dated 6/2/21 revealed: - "Prior to June 1, 2021, there was communication between the [Administrator] and [Client #1' Legal Guardian] concerning payments owed to Ultimate Family Care Home for [Client #1's] stay. On June 7, 2021, the [Administrator] informed [Client #1's Legal Guardian] of how much was owed from February 2021-May 2021, via email. According to the email special assistance did not pay for the months of February and March 2021. Special Assistance paid	V 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-203	A. BUILDING: _____ B. WING _____	R 06/29/2021

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V 318	Continued From page 14 $434.00 for April and $434 for the month of May. The email also consisted of the [Administrator] informing [Client #1's Legal Guardian] that Ultimate Family Care Home charged [Client #1] according to Medicaid rate which is $1182.00 every month. [Client #1's Legal Guardian] then responded t the [Administrator's] email stating "[Client #1] did pay in cash in February." [Client #1] paid the [Supervisor] $650 in cash or something like that and [Supervisor] gave [Client #1] $50 as allowance for February. According to [Client #1's Legal Guardian], the [Supervisor] took [Client #1] to the bank in February and payment was received. After the allegation was made by [Client #1's Legal Guardian] that the [Supervisor] took the payment, the [Administrator] requested that the [Client #1's Legal Guardian] communicates with the [Administrator] going forth and that Ultimate Family Care Home has a zero policy of collecting cash and that [Client #1] did not pay anyone. The [Administrator] and [Qualified Professional], immediately conducted an internal investigation into [Client #1's Legal Guardian] allegation. The [Supervisor] was suspended while the investigation took place ..." Interview on 6/28/21 with the Qualified Professional revealed: -She with the Administrator investigated the allegation. -She was responsible for alerting HCPR within 24 hours of becoming aware of the allegation. -Confirmed to surveyor that she would submit a report to alert HCPR immediately.	V 318		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR	V 367		

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V 367	Continued From page 15 CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:	V 367		

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V 367	Continued From page 16 (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.	V 367		

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V 367	Continued From page 17	V 367		

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:

Review on 6/24/21 of Client #1's record revealed:
-Admission date of 2/10/21.
-Diagnoses of Schizophrenia, Anxiety Disorder, NOS and Cannabis Abuse in Remission.
-Legal Guardian email dated 4/15/21 of allegation February's rent was paid.

Review on 6/28/21 of the Internal Investigation dated 6/2/21 revealed:
- "Prior to June 1, 2021, there was communication between the [Administrator] and [Client #1' Legal Guardian] concerning payments owed to Ultimate Family Care Home for [Client #1's] stay. On June 7, 2021, the [Administrator] informed [Client #1's Legal Guardian] of how much was owed from February 2021-May 2021, via email. According to the email special assistance did not pay for the months of February and March 2021. Special Assistance paid $434.00 for April and $434 for the month of May. The email also consisted of the [Administrator] informing [Client #1's Legal Guardian] that Ultimate Family Care Home charged [Client #1] according to Medicaid rate which is $1182.00 every month. [Client #1's Legal Guardian] then responded t the [Administrator's] email stating

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V 367	Continued From page 18 "[Client #1] did pay in cash in February." [Client #1] paid the [Supervisor] $650 in cash or something like that and [Supervisor] gave [Client #1] $50 as allowance for February. According to [Client #1's Legal Guardian], the [Supervisor] took [Client #1] to the bank in February and payment was received. After the allegation was made by [Client #1's Legal Guardian] that the [Supervisor] took the payment, the [Administrator] requested that the [Client #1's Legal Guardian] communicates with the [Administrator] going forth and that Ultimate Family Care Home has a zero policy of collecting cash and that [Client #1] did not pay anyone. The [Administrator] and [Qualified Professional], immediately conducted an internal investigation into [Client #1's Legal Guardian] allegation. The [Supervisor] was suspended while the investigation took place ..." Interview on 6/28/21 with the Qualified Professional revealed: -She with the Administrator investigated the allegation. -She was responsible for completing the incident report. -She confirmed the incident report was not completed and submitted within 72 hours when made aware of the allegation. -Confirmed to surveyor that she would submit an incident report immediately.	V 367		