

PRINTED: 10/11/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2021
NAME OF PROVIDER OR SUPPLIER FAITH HOMES & HABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2711 FAYETTEVILLE STREET DURHAM, NC 27707		
(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 and complaint survey was completed on October 8, 2021. The complaint was unsubstantiated (intake #NC00181543). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 118	27G .0209 (C) Medication Requirements 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; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

PRINTED: 10/11/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/08/2021
NAME OF PROVIDER OR SUPPLIER FAITH HOMES & HABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2711 FAYETTEVILLE STREET DURHAM, NC 27707		
(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 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff followed the physician's order affecting one of three clients (#1) and failed to keep the MAR current affecting one of three clients (#2). The findings are:</p> <p>The following is evidence the facility staff failed to follow the physician's order.</p> <p>Review on 10/7/21 and 10/8/21 of client #1's record revealed: -Admission date of 4/1/19. -Diagnoses of Schizophrenia, Chronic Obstructive Pulmonary Disease, Chronic Nicotine Dependence, Cognition Impairment and Hyperlipidemia, History of Type II Diabetes and Hypertension. -Physician's order dated 12/5/20 for Acetaminophen 325 milligrams (mg), three tablets three times a day.</p> <p>Review on 10/8/21 of Medication Administration Records (MAR's) for client #1 revealed: -October 2021-The 2pm dose for Acetaminophen 325 mg was not administered on 10/3, 10/6 and 10/7. -September 2021-The 2pm dose for Acetaminophen 325 mg was not administered on 9/3, 9/14 and 9/27 thru 9/29. -August 2021-The 2pm dose for Acetaminophen</p>	V 118		

PRINTED: 10/11/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FAITH HOMES & HABILITATION, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2711 FAYETTEVILLE STREET DURHAM, NC 27707
--	---

(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 118	<p>Continued From page 2</p> <p>325 mg was not administered on 8/10, 8/11, 8/13, 8/16, 8/17 and 8/30.</p> <p>Interview with the Administrator/Qualified Professional on 10/8/21 revealed: -Client #1 did not take the 2pm dose of Acetaminophen daily. -He went to a day program and would not always make it home in time to take his 2pm dose of the Acetaminophen. -She confirmed facility staff failed to follow the physician's order for client #1.</p> <p>The following is evidence the facility failed to keep the MAR current.</p> <p>Review on 10/7/21 and 10/8/21 of client #2's record revealed: -Admission date of 5/8/20. -Diagnoses of Depression, Anxiety, Encephalopathy, Acute Renal Failure, Type II Diabetes, Congestive Heart Failure, Essential Hypertension, Chronic Kidney Disease, Polysubstance Abuse and Hematemesis with nausea. -Physician's order dated 8/2/21 for Lantus Solostar 100 units/milliliters (ml), inject subcutaneously at bedtime. -Physician's order dated 6/13/21 for Zolpidem Tartrate 10 mg, one tablet at bedtime. -Physician's order dated 5/5/21 for Sertraline HCL 100 mg, two tablets daily. -Physician's order dated 3/5/21 for Trazadone 100 mg, one tablet at bedtime and Valsartan 160 mg, one tablet daily.</p> <p>Review on 10/8/21 of a MAR for client #1 revealed: -September 2021-There were blank boxes for the following medications: Lantus Solostar 100</p>	V 118		

PRINTED: 10/11/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/08/2021
NAME OF PROVIDER OR SUPPLIER FAITH HOMES & HABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2711 FAYETTEVILLE STREET DURHAM, NC 27707		
(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 118	Continued From page 3 units/ml on 9/25 thru 9/27; Sertraline HCL 100 mg pm doses on 9/26 and 9/27; Zolpidem Tartrate 10 mg on 9/24 thru 9/27; Trazadone 100 mg on 9/24 thru 9/27 and Valsartan 160 mg on 9/24 thru 9/27. "Due to the failure to accurately document medication administration it could no be determined if clients received their medication as ordered by the physician" Interview with staff #1 on 10/8/21 revealed: -She was really not sure why client #2 had blank spaces on her September 2021 MAR. -She thought client #2 possibly refused medications on those days. -She confirmed staff failed to keep the MAR current for client #2. Interview with the Administrator/Qualified Professional on 10/8/21 revealed: -She was not sure why there were blank spaces on client #2's September 2021 MAR. -She confirmed staff failed to keep the MAR current for client #2.	V 118		
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.	V 291		

PRINTED: 10/11/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/08/2021
NAME OF PROVIDER OR SUPPLIER FAITH HOMES & HABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2711 FAYETTEVILLE STREET DURHAM, NC 27707		
(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 4 (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 interview, the facility failed to assure service coordination was maintained between the facility operator and the Qualified Professionals (QP's) responsible for treatment/habilitation affecting one of three clients (#2). The findings are: Review on 10/7/21 and 10/8/21 of client #2's record revealed: -Admission date of 5/8/20. -Diagnoses of Depression, Anxiety, Encephalopathy, Acute Renal Failure, Type II Diabetes, Congestive Heart Failure, Essential Hypertension, Chronic Kidney Disease, Polysubstance Abuse and Hematemesis with nausea. -Physician's order dated 8/2/21 for Lantus Solostar 100 units/milliliters (ml), inject	V 291		

PRINTED: 10/11/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2021
NAME OF PROVIDER OR SUPPLIER FAITH HOMES & HABILITATION, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2711 FAYETTEVILLE STREET DURHAM, NC 27707		
(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 5 subcutaneously at bedtime. -Physician's order dated 6/13/21 for Lorazepam 1 milligrams (mg), one tablet two times daily and Risperidone 0.5 mg, one tablet two times daily. -Physician's order dated 9/27/21 for Acetaminophen 325 mg, two tablets two times daily. -Physician's order dated 5/26/21 for Calcium Acetate 667 mg, one capsule three times daily. -Physician's order dated 3/5/21 for Senna Plus, two tablets two times daily. -Physician's order dated 12/5/20 for Carvedilol 25 mg, two tablets every 12 hours. Review of Medication Administration Record's (MAR's) on 10/8/21 for client #2 revealed: -October 2021 had the following medication refusals for client #2: Acetaminophen 325 mg on 10/1 pm dose; Lantus Solostar 100 units/ml on 10/1 and 10/2; Calcium Acetate 667 mg on 10/1 and 10/6 pm doses; Carvedilol 25 mg on 10/1 pm dose; Lorazepam 1 mg on 10/1 pm dose; Risperidone 0.5 mg on 10/1 pm dose; Senna Plus on 10/1 and 10/2 am and pm doses, 10/4 am dose; -September 2021 had the following medication refusals for client #2: Lantus Solostar 100 units/ml on 9/29; Calcium Acetate 667 mg on 9/1, 9/3, 9/6, 9/8, 9/10, 9/13, 9/15, 9/17, 9/20, 9/22, 9/24, and 9/27-12pm doses; Senna Plus on 9/7 pm dose, 9/29 pm dose and 9/30 am and pm doses. -August 2021 had the following medication refusals for client #2: Calcium Acetate 667 mg on 8/2, 8/4, 8/6, 8/9, 8/19, 8/11, 8/13, 8/15, 8/16, 8/18, 8/20, 8/23, 8/25, 8/27, 8/30 12pm doses; Senna Plus on 8/2 thru 8/4 am and pm doses, 8/6 am and pm doses, 8/23 am and pm doses, 8/24 pm dose, 8/25 am and pm doses, 8/26 am dose, 8/27 pm dose and 8/28 am and pm doses.	V 291		

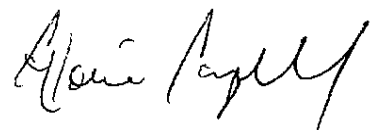
PRINTED: 10/
FORM APPR

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/08/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FAITH HOMES & HABILITATION, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2711 FAYETTEVILLE STREET DURHAM, NC 27707
--	---

(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	<p>Continued From page 6</p> <p>Interview with the Administrator/Qualified Professional on 10/8/21 revealed:</p> <ul style="list-style-type: none"> -She thought client #2 possibly had diarrhea and nausea on some of those days she refused the medications. This is a part of her diagnosis and medical issues. -Client #2 also did dialysis on Tuesdays and Thursdays and may have refused her medications those days. -Client #2 was possibly refusing the insulin because her blood sugars are controlled. -If her blood was at a good reading she would sometimes refuse to take the insulin. If she did take the insulin her blood sugar would get too low. -Client #2 needed to be off of the Senna because it gives her really bad diarrhea. She was possibly refusing the Senna due the issues with the diarrhea. -They had not talked with client #2's doctor about making any changes to her medications. 	V 291		



MHL 032-523

V118-

Faith Homes & Habilitation
2711 Fayetteville Street
Durham, NC 27707

Client #1-

The administrator failed to put a plan in place to ensure that all residents attending a day program will receive their afternoon (2:00 PM medications). A plan was discussed with the primary care physician of all residents to which this pertains. The PCP changed the administration time to 3:00 PM, which allows time for afternoon medications to be administered.

The administrator facilitated having these orders changed in November during the PCP's visit.

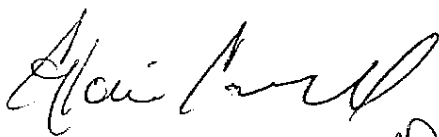
Client #2-

The staff was coached, and training was facilitated on the significance of administering medications and properly recording this in the MAR. The administrator has implemented an additional step to ensure that all medications are passed and recorded. Faith Homes uses electronic MARs, the staff is to leave out of the screen showing that the medications have been passed and then go back into it. If the medication was not recorded properly the first time it will be caught the second time. This new step was implemented on November 30, 2021.

V291-

The administrator discussed Client #2 with her PCP. The discussion included Client #2's refusing her medications due to her nausea and/or feeling bad after dialysis. The PCP had a discussion with client #2 and made changes to her medications. The medication changes have rectified the issue of medications being refused.

The administrator is working closely with the staff and monitoring any medication refusals. The PCP will be notified immediately if any medications are refused more than twice monthly. This new step was implemented on November 30, 2021.



December 2, 2021