

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/28/2022
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NAME OF PROVIDER OR SUPPLIER CAROL'S FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6136 ASHBROOK CIRCLE ARCHDALE ARCHDALE, NC 27263
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(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on February 28, 2022. The complaint was substantiated (intake #NC00186146). A Deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>The survey was sample consisted of audits of 3 current clients.</p>	V 000	<p>DHSR - Mental Health</p> <p>MAR 28 2022</p> <p>Lic. & Cert. Section</p>	
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other</p>	V 289	<p>All QP's will be in-serviced on waiver rules permitting minors to reside in the same location with adults.</p>	03/31/2022

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

TITLE

(X6) DATE

E. J. P. [Signature] *Operations Mgr* *3-21-22*

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID
PREFIX
TAG

ID
PREFIX
TAG

(X5)
COMPLETE
DATE

V 289

V 289

This Rule is not met as evidenced by:

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V 289	<p>Continued From page 2</p> <p>Based on interview and record review, the facility management failed to ensure minor and adult clients did not reside within the same facility. The findings are:</p> <p>Review on 2/21/22 of the facility license revealed the facility is licensed as a 5600F Supervised Living Facility. Review of the Rules for Mental Health Developmental Disabilities and Substance Abuse Facilities and Services revealed "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service.</p> <p>Review on 2/21/22 of Client #1's record revealed: -Admission date of 7/19/21 (to new managing company.) -Client #1 was 30 years old. -Diagnoses of Moderate IDD; Antisocial Personality Disorder; ADHD, Combined Type; Conduct D/O; Major Depressive D/O, Recurrent, severe without Psych Features; Thrombocytopenia, Unspecified; Unspecified Behavioral and Emotional D/O; Vitamin D deficiency.</p> <p>Review on 2/21/22 of Client #2's record revealed: -Admission date of 7/19/21 (to new managing company.) -Client #2 was 24 years old. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation; Mild Intellectual Developmental Disability.</p> <p>Review on 2/21/22 of Client #3's record revealed:</p>	V 289		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CAROL'S FAMILY CARE

**6136 ASHBROOK CIRCLE ARCHDALE
ARCHDALE, NC 27263**

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V 289	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Admission date of 11/8/21. -Client #3 was 17 years old. -Diagnoses of Mild Intellectual Developmental Disability, Autism Disorder. <p>Review on 2/21/22 of the facility file revealed:</p> <ul style="list-style-type: none"> -A waiver letter dated 11/5/21 granted the facility to serve both adolescents and adults within the same facility. -The waiver was approved for the licensure year 2021. -"...In accordance with 10A NCAC 27G .0813, the waiver of Rule 10A NCAC 27G.5601 (b) and Rule 10A NCAC 27G .5601 (c) (6) cannot exceed the expiration date of the 2021 license which is December 31, 2021; and, therefore shall be subject to renewal consideration upon the request of the licensee..." -There was no waiver letter granting this for the licensure year 2022. <p>Interview on 2/22/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She was aware that Client #3 was an adolescent. -Prior for him starting at the house, they had submitted an "age waiver" request. -The request had been approved and client was placed at the home. -The client was about to turn 18 in March 2022. -Agency was not aware that they needed to submit a new waiver after December 2021. -She was under the impression that the waiver was going to be good until Client #3's birthday which was going to be in March 2022. -She confirmed Client #3 was a minor and resided at a home with other adult residents. -She confirmed the agency failed to renew waiver granting permission for a minor to reside along adults at the same facility. 	V 289		

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