PRINTED: 02/28/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL076-135 02/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6136 ASHBROOK CIRCLE ARCHDALE CAROL'S FAMILY CARE ARCHDALE, NC 27263 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed DHSR - Mental Health on February 28, 2022. The complaint was substantiated (intake #NC00186146). A Deficiency was cited. MAR 28 2022 This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Lic. & Cert. Section Living: Alternative Family Living in a Private Residence. The survey wasmple consisted of audits of 3 current clients. V 289 27G .5601 Supervised Living - Scope V 289 All QP's will be in-serviced on waiver 03/31/2022 rules permitting minors to reside in 10A NCAC 27G .5601 SCOPE the same location with adults. (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. (b) A supervised living facility shall be licensed if the facility serves either: one or more minor clients; or (1) (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses: "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:

(X3) DATE SURVEY COMPLETED

MHL076-135

B. WING \_

02/28/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## CAROL'S FAMILY CARE

## 6136 ASHBROOK CIRCLE ARCHDALE ARCHDALE, NC. 27263

ARCHDALE, NC 27263								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE				
	diagnoses;  (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or  (6) "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. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)  (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) -non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289						
	This Rule is not met as evidenced by:  alth Service Regulation							

Division of Health Service Regulation

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED MHL076-135 B. WING 02/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CAROL'S FAMILY CARE 6136 ASHBROOK CIRCLE ARCHDALE ARCHDALE, NC 27263 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 2 V 289 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: 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.

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.

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.

Review on 2/21/22 of Client #3's record revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED	
		MHL076-135			02	02/28/2022
	PROVIDER OR SUPPLIER  S FAMILY CARE	6136 ASH		STATE, ZIP CODE CLE ARCHDALE 3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	-Admission date of -Client #3 was 17 y -Diagnoses of Mild Disability, Autism D  Review on 2/21/22 -A waiver letter date to serve both adoles same facilityThe waiver was ap 2021"In accordance w waiver of Rule 10A 10A NCAC 27G .56 expiration date of th December 31, 2021 subject to renewal of the licensee" -There was no waive licensure year 2022  Interview on 2/22/22 Professional reveale -She was aware tha adolescentPrior for him startin submitted an "age w -The request had be placed at the homeThe client was about -Agency was not aw submit a new waiver -She was under the was going to be good which was going to be -She confirmed Clier resided at a home w -She confirmed the a	and the facility file revealed: and 11/5/21 granted the facility scents and adults within the proved for the licensure year with 10A NCAC 27G .0813, the NCAC 27G.5601 (b) and Rule 01 (c) (6) cannot exceed the e 2021 license which is; and, therefore shall be consideration upon the request er letter granting this for the with the Qualified ed: at Client #3 was an g at the house, they had raiver" request. The proved and client was at to turn 18 in March 2022. The proved are that they needed to after December 2021. The proved and client was at the training that the waiver duntil Client #3's birthday be in March 2022. The factor of the provided to renew waiver for a minor to reside along the solution of the provided and the provided to renew waiver for a minor to reside along	V 289			

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Division of Health Service Regulation STATE FORM