

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER THE DAVIS'S HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 472 SUNSET MEMORIAL ROAD FOREST CITY, NC 28043		
(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 survey was attempted on March 17, 2022. According to the AFL Provider there were no clients being served at the facility. The last time clients were served was February 2, 2022.</p> <p>A compliant survey was completed on March 17, 2022. The complaint was unsubstantiated (intake #NC00186928). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The survey sample consisted of audits of 2 former clients.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p>	V 132		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER THE DAVIS'S HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 472 SUNSET MEMORIAL ROAD FOREST CITY, NC 28043		
(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 132	<p>Continued From page 1</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to investigate an allegation of sexual assault made by Former Client (FC) #1 and report the results to the Department within 5 working days of notification. The findings are:</p> <p>Review on 3/18/22 of FC #1 record revealed: -Admitted 11/2/20 (under the current licensee). -Diagnoses of Moderate Intellectual Developmental Disability (IDD), Congenital Malformation Syndrome, Unspecified Systolic (Congestive) Heart Failure, Obesity, Sleep Disorder, Diabetes Mellitus and Prader-Willi</p>	V 132	<p>The plan of correction to address these findings is as follows:</p> <p>NC Outreach Home Care will no longer place members in this home. The license will be allowed to expire, and another contract will not be honored for this provider.</p> <p>ID Prefix Tag V 132 pertaining to G.S. 131 E-256(G) Notification, Allegations, and Protections will be corrected by the NC Outreach Home Care Qualified Professional reporting the incident to the Regional Director, who will assign a person to report and follow up on the incident.</p> <p>Allegations will be reported to the legal representative by the assigned supervisor or Regional Director. The allegations will be reported to law enforcement by the supervisor or Regional Director. Per NC Outreach Policy Memorandum SS-66 Reporting Alleged or Suspected Abuse, Neglect, or Exploitation.</p>	3/29/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER THE DAVIS'S HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 472 SUNSET MEMORIAL ROAD FOREST CITY, NC 28043		
(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 132	<p>Continued From page 2</p> <p>Syndrome. -Discharged 2/4/22.</p> <p>Review on 3/18/22 of FC #2's record revealed: -Admitted on 7/28/21. -Diagnoses of Mild IDD, Dysthymic Disorder, Allergic Rhinitis and Vertigo. -Discharged 2/4/22.</p> <p>Interview on 3/16/22 with the AFL provider revealed: -FC #1 and FC #2 were removed from the facility by the local Department of Social Services (DSS) on 2/4/22. -FC #1 alleged the AFL provider's husband physically and sexually assaulted her. -The facility has not had any clients since 2/4/22.</p> <p>Interview on 3/16/22 with the DSS guardian for FC #1 revealed: -FC #1 lived at the facility since approximately 2007; since she was 17 1/2 years old; she never had any concerns about the client or the facility. -She confirmed FC #1 and FC #2 were removed from the facility on 2/4/22 due to allegations of abuse by the AFL provider's husband. -Even though the allegations against the AFL provider's husband could not be substantiated they would no longer be placing clients in the facility.</p> <p>Review on 3/17/22 of the electronic file "T-Log" notes for FC #1 revealed: -2/10/22 - client told staff the things the AFL provider's husband did to her; "...such as 'stick something sharp inside of her,' put a gun to her head,' 'pull a knife on her,' pour gasoline on her,' and also 'threaten to kill her'..."</p> <p>Interview on 3/17/22 with FC #1 revealed:</p>	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER THE DAVIS'S HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 472 SUNSET MEMORIAL ROAD FOREST CITY, NC 28043		
(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 132	<p>Continued From page 3</p> <p>"...[AFL provider's husband] abused me. He put that thing in me - tie me up - he put gasoline on me - I'm going to kill you, I'm going to fire you up...Put that thing in me - his wiener, he tied me up, lick it. Tie me up and take me to the lake - put me on a float - cabin on the lake - no one was around - me and [AFL provider's husband] - he gave me drugs - tie me up - on floater thing - tied me up on the bed - put a gun at me and a knife. Pulled me in his truck - tie me up - tried put me in the trash can - give me drugs had liquor and he put me in a trash truck - for real - I get mad about it - have night mares and dreams about it. Never told [AFL Provider] - she won't believe me..."</p> <p>Interview on 3/17/22 with FC #2 revealed: -The AFL provider's husband had never been mean to her. -She did not know why FC #1 lied about him.</p> <p>Interview on 3/17/22 with the Qualified Professional revealed: -He did not conduct an internal investigation of FC #1's allegation due to him being the one notified by DSS there was an investigation. -DSS was not specific to what the allegation was, only that it was against the AFL provider's husband, and he wouldn't know how to investigate without anything specific. -He was aware that FC #1 made the same allegations in the staffs presence on 2/10/22, however at that point he assumed since DSS and the police were already conducting an investigation he did not need to do an internal investigation. -He was notified by DSS the allegations were unfounded, however he had no intentions of admitting a client back to the facility due to the nature of the allegations.</p>	V 132		