

Division of Health Service Regulation

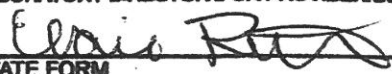
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH1032-389	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 630 RIPPLING STREAM ROAD DURHAM, NC 27704
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 4/5/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor, and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107	<p>V 107 Personnel Requirements</p> <p>The administrator filed all job descriptions immediately following the survey. A review of all staff files was conducted on 4/15/22. Going forward the administrator and QP will conduct quarterly reviews of personnel files to ensure all records are kept current and contain all required documents.</p>	

RECEIVED
By cvhicks at 10:48 am, May 25, 2022

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE BA, QP	(X8) DATE 4/13/22
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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have a complete personnel record affecting two of three audited staff (#1 and #2). The findings are:</p> <p>a. Review on 4/5/22 of the facility's personnel records revealed: -Staff #1 had a hire date of 7/31/21. -Staff #1 was hired as a Habilitation Technician. -There was no documentation of a job description for staff #1.</p> <p>b. Review on 4/5/22 of the facility's personnel records revealed: -Staff #2 had a hire date of 3/21/22.</p>	V 107		
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V 107	<p>Continued From page 2</p> <p>-Staff #2 was hired as a Habilitation Technician. -There was no documentation of a job description for staff #2.</p> <p>Interview on 4/5/22 with the Qualified Professional revealed: -The job descriptions were completed for both staff. -She had copies, but did not bring them with her because she assumed the original were in their folders. -She confirmed there was no documentation of job descriptions for staff #1 and staff #2.</p> <p>Interview on 4/5/22 with the Licensee confirmed: -There was no documentation of job descriptions for staff #1 and staff #2.</p> <p>This deficiency has been cited 5 time(s) since the original cite on 3/2/17 and must be corrected within 30 days.</p>	V 107		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible;</p>	V 112	<p>V 112 Assessment Treatment/Habilitation Plan</p> <p>The QP met with the client immediately following the survey to obtain his signature of agreement to his treatment goals. Going forward the QP meet will obtain signatures during the treatment update meetings.</p>	

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V 112	<p>Continued From page 3</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility the facility failed to have written consent or agreement by the client or responsible party affecting one of three clients (#1). The findings are:</p> <p>Review on 4/4/22 of client #1's record revealed: -Admission date of 5/11/10. -Diagnoses of Schizoaffective Disorder-Bipolar Type, Hepatitis B & C, Avascular Necrosis of bones in both hips and Subclinical Hyperthyroidism. -Person Centered Plan (PCP) dated 6/20/21. -The PCP had no written consent or agreement by the client or responsible party.</p> <p>Interview on 4/5/22 with the Licensee revealed: -She didn't realize the PCP wasn't signed for client #1. -She confirmed the facility failed to have written consent or agreement by the client or responsible</p>	V 112		
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V 112	Continued From page 4 party for client #1. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118	<p>V 118 Medication Requirements</p> <p>The administrator filed all trainings and certifications in the personnel files immediately following the survey. The review of personnel files was conducted on 4/15/22 and all training documents, job description and other employment information was determined to be present. Both of the staff were trained on medication administration prior to working alone in the facility. QP will conduct quarterly reviews of personnel files to ensure all records are kept current and contain all required documents.</p>	

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V 118	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications was administered by an unlicensed person trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications affecting two of three audited staff (#1 and #2). The findings are: Review on 4/5/22 of the facility's personnel records revealed: -Staff #1 had a hire date of 7/31/21. -Staff #1 was hired as a Habilitation Technician. -There was no documentation of medication administration training for staff #1. Review on 4/5/22 of the facility's personnel records revealed: -Staff #2 had a hire date of 3/21/22. -Staff #2 was hired as a Habilitation Technician. -There was no documentation of medication administration training for staff #2. a. Review on 4/4/22 of client #1's record revealed: -Admission date of 5/11/10. -Diagnoses of Schizoaffective Disorder-Bipolar Type, Hepatitis B & C, Avascular Necrosis of bones in both hips and Subclinical Hyperthyroidism. Review on 4/4/22 of Medication Administration Record's (MAR's) for client #1 revealed: -April 2022 MAR-Staff #1's initials were listed. -March 2022 MAR-Staff #1's initials were listed.	V 118		

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V 118	<p>Continued From page 6</p> <p>-February 2022 MAR-Staff #1's initials were listed.</p> <p>b. Review on 4/4/22 of client #2's record revealed: -Admission date of 8/1/17. -Diagnoses of Schizophrenia, Cocaine Abuse, Cannabis Abuse and Personality Disorder.</p> <p>Review on 4/4/22 of MAR's for client #2 revealed: -April 2022 MAR-Staff #1's initials were listed. -March 2022 MAR-Staff #1's initials were listed. -February 2022 MAR-Staff #1's initials were listed.</p> <p>c. Review on 4/4/22 of client #3's record revealed: -Admission date of 8/20/20. -Diagnoses of Schizophrenia and Drug Induced Subacute Dyskinesia.</p> <p>Review on 4/4/22 of MAR's for client #3 revealed: -April 2022 MAR-Staff #1's initials were listed. -March 2022 MAR-Staff #1's initials were listed. -February 2022 MAR-Staff #1's initials were listed.</p> <p>Interview on 4/5/22 with the Qualified Professional revealed: -Both staff had the medication administration training when they were hired. -She was not sure why the training was not in staff folders. -She confirmed there was no documentation of medication administration training for staff #1 and staff #2.</p> <p>Interview on 4/5/22 with the Licensee confirmed: -There was no documentation of medication administration training in the personnel folder for staff #1 and staff #2.</p>	V 118		
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V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Bathroom in hallway-One of the light fixtures had a burned out light bulb. Walls were stained and had peeling paint. The door frame had peeling paint. -Hallway-The walls were stained and paint was faded. -Client #5's bedroom-Door was stained and had peeling paint. The door frame had peeling paint. -Client's #1 and #3's bedroom-The door was stained. The walls were stained and had peeling paint. -Bathroom in client's #1 and #3's bedroom-There was a strong urine odor. The shower curtain was stained. The blinds to the window were broken. -Client #4's bedroom-The blinds were broken. The door frame was stained and had peeling paint. -Front door to the home had peeling paint. -Client's #2 and #6's bedroom-Both sets of blinds were broken. There was a musty odor. Outside window pane had a crack approximately 30 inches long. -Front yard-There were approximately 20 pieces of paper/trash on the ground. <p>Interview on 4/5/22 with staff #1 confirmed:</p> <ul style="list-style-type: none"> -The facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. <p>Interview on 4/5/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> -She was aware of most of the maintenance issues with the group home. -She had most of the repairs completed after the survey last year in May 2021. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. 	V 736		

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V 736	Continued From page 9 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
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V 118	Continued From page 7 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor . The findings are:</p> <p>Observation on 4/5/22 at approximately 10:25 am revealed:</p> <ul style="list-style-type: none"> -Kitchen area-The wall behind the dining room table was scratched and had peeling paint. The other walls were stained and had peeling paint. The curtain to window over the sink was stained and faded. The door leading to staff's office was stained and had peeling paint. -Backyard area-There was a door and 10 cinder blocks on the ground. There was twin sized mattress laying against the home. A metal chair was leaning against the mattress. There was a pillow hanging out of the chimney. -Living Room Area-Door leading to hallway was stained and had peeling paint. The walls were stained and had dark markings. 	V 736	<p>V 736 Location & Exterior Requirements The facility has contracted with a painter. The contractor will begin painting all areas in need of painting on 4/30/22. The staff and clients living in this home are to ensure that the home is cleaned on a regular basis. Those clients needing assistance will get assistance from staff. Cleaning of bathrooms will be done on no less than a daily basis and should be cleaned after each by the individual using the bathroom. The QP met with staff, administrator and client on maintaining this facility in a clean, safe, attractive and orderly manner. The QP will confer with the administrator and staff via phone or virtually on a weekly basis to ensure compliance. During monthly visits the QP will continue to do inspections and report to the administrator those things that must be done.</p>	