STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL026-926					R	
		B. WING		06/	13/2022	
IAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
ROFES	SIONAL FAMILY CAF		FRICK DRIVE EVILLE, NC 28	3306		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
		ow up survey was completed Deficiencies were cited.				
	categories: 10A NC	sed for the following service CAC 27G .5600C Supervised th Developmental Disabilities.				
		sed for 3 and currently has a urvey sample consisted of clients.				
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lear repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted nat simulate fire emergencies. all have basic first aid supplies				
	Based on record re failed to have fire a	et as evidenced by: eview and interview the facility and disaster drills held at least ated on each shift. The findings	5			
	Review on 06/09/22	2, 06/10/22 and 06/13/22 of				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		B. WING			R 13/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
PROFES	SIONAL FAMILY CAR	REHOME #2		2000		
(X4) ID	SUMMARY STA		EVILLE, NC 28	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLET DATE
V 114	Continued From pa	ige 1	V 114			
	drills for the 3rd qua - No 1st or 2nd shift of 2021. - No 1st or 3rd shift quarter of 2021. - No 3rd shift fire or quarter of 2022. Interview on 06/09/. - 1st shift was 8am - 2nd shift was 4pm - 3rd shift was 12 m Interview on 06/10/. stated: - He brought all the office. - He was send any - He understood fire	nd or 3rd shift fire and disaster arter of 2021. t fire drills for the 4th quarter disaster drills for the 4th disaster drills for the 1st 22 staff #1 stated: to 4pm. h to 12 midnight.	r			
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, including administered only be administered on administereed on administereed on					

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If continuation sheet 2 of 6

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER: MHL026-926				CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		R	
		B. WING			06/13/2022	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ROFES	SIONAL FAMILY CAR	PEHOME #2	FRICK DRIVE EVILLE, NC 28	3306		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	age 2	V 118			
	privileged to prepar (4) A Medication Ac all drugs administe current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests checks shall be reco	r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kep is administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	Based on record reinterviews the facili medication as order audited clients (#1 Finding #1: Review on 06/09/22 revealed: - 65 year old male.	et as evidenced by: eviews, observations, and ty failed to administer ored by a physician for 2 of 3 and #2). The findings are: 2 of client #1's record				
	 Admission date of Diagnoses of Auti 	sm, Severe Intellectual ability, Diabetes, Seizure				
	Review on 06/09/22	2 of a signed FL-2 for client#1				

Division	of Health Service Re	egulation			FORM	APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
	MHL026-926		B. WING			R 1 3/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
PROFES	SIONAL FAMILY CAR	1016 PAT	RICK DRIVE			
		FAYETTE	VILLE, NC 28	3306		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	ige 3	V 118			
		aled Ammonium Lactate 12% d scaly skin) - apply cream				
	Review on 06/09/22 of client #1's June 2022 MAR revealed staff initials to indicate the Ammonium Lactate was administered twice daily from 06/01/22 thru 06/08/22.					
		09/22 at approximately 's medications revealed no e 12% available for				
	Interview on 06/09/ Ammonium Lactate	22 staff #2 stated client #1's e was on order.				
		22 staff #5 stated client #1's had been out for a "couple of				
	revealed: - 39 year old male. - Admission date of	2 of client #2's record f 12/20/17. sm, Hypertension and				
	dated 12/20/21 reve	2 of a signed FL2 for client #2 ealed: poo (treats itching and acne) -				
vision of L	revealed the followi - Nizoral 2% Sham amount to the face	2 of client #2's June 2022 MAR ng transcribed entry: poo - apply a pea sized and scalp once weekly. Allow r 5 minutes and then rinse.				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL026-926		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 06/13/2022		
			PROVIDER OR SUPPLIER	1016 PATI	RICK DRIVE	TATE, ZIP CODE
PROFES	SIONAL FAMILY CAR		VILLE, NC 28	3306		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ge 4	V 118			
	2:25pm of client #2 - Nizoral Shampoo pharmacy label wer	09/22 at approximately 's medications revealed: and the directions on the re illegible. 22 client #2 stated he received				
	his medications as ordered. Interview on 06/10/22 the Clinical Director stated:					
	- She understood m administered as or	nedications should be				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a saf	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		on and interview the facility in a safe, clean, attractive				
	12:30pm revealed: - The threshold bet room had a split are	09/22 at approximately ween the kitchen and the living ea of linoleum. as underneath the dining room				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		R 06/13/2022	
MHL026-926		MHL026-926	B. WING			
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	SIONAL FAMILY CAR		TRICK DRIVE			
		FAYETTI	EVILLE, NC 28	3306		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	age 5	V 736			
	kitchen. The kitche scattered on the su kitchen trash can w was pulled away fro - Client #1's bedroo on the slats. - Client #2's bedroo window sill had a la - Client #3's bedroo the floor and closet the tracks. - The hallway bathr above the tub on the the base of the tub Interview on 06/10/ indicated she unde needed for cleaning	22 the Clinical Director rstood the facility interior items g and repair. stitutes a re-cited deficiency	f			

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