

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/16/2022
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NAME OF PROVIDER OR SUPPLIER DANIELS FAMILY CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 237 WESTVIEW PARK DRIVE ROCKY MOUNT, NC 27804
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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>A limited follow up survey was completed on 6/16/22. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	{V 000}		
{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:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</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>	{V 112}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{V 112}	Continued From page 1	{V 112}		
{V 290}	<p>This Rule is not met as evidenced by:</p> <p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with</p>	{V 290}		

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{V 290}	<p>Continued From page 2</p> <p>developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minimum of one staff was present at all times except when the client's treatment plan documented he was capable of remaining in the community without supervision for 1 of 3 clients (#3). The findings are:</p> <p>Review on 6/8/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 3/19/13 - diagnoses of Impulse Control, Mild Intellectual Development Disorder, Hyperlipidemia & Cannabis Abuse - treatment plan dated 5/1/20 with no documentation of unsupervised time <p>During interview on 6/8/22 client #3 reported:</p> <ul style="list-style-type: none"> - walked next door and helped the neighbor in the yard sometimes 	{V 290}		

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{V 290}	<p>Continued From page 3</p> <ul style="list-style-type: none"> - may walk to the local park or the store but not too far <p>During interview on 6/8/22 staff #1 reported:</p> <ul style="list-style-type: none"> - client #3 had unsupervised time but does not use it - he may walk to the next door neighbor's home - walked one time to park and the store <p>During interview on 6/16/22 the Licensee reported:</p> <ul style="list-style-type: none"> - client #3 will walk next door to the neighbor's home - helped work in the yard to earn cigarette money - will have client #3 accessed for unsupervised time <p>This deficiency has been cited 4 times since the original cite on 2/20/20 and must be corrected within 30 days.</p>	{V 290}		