Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-926	A. BUILDING: _____ B. WING _____	R 06/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL FAMILY CARE HOME #2	1016 PATRICK DRIVE FAYETTEVILLE, NC 28306

(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	INITIAL COMMENTS An annual and follow up survey was completed on June 13, 2022. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000	Professional Family Care Services (PFCS) Will implement a written fire plan for each facility which will be reviewed and approved by the local authority. The written fire and disaster plan will be placed in each facility in addition to the evacuation policies and procedures. Each facility will have the evacuation plan posted and visible to all staff. PFCS and QP will ensure fire and disaster drills quarterly on each shift. PFCS will ensure drills are conducted that simulates fire emergencies. PFCS will ensure each facility is equipped with basic first aid supplies. Which will be accessible for use as needed. PFCS will ensure all fire and disasters drills are documented for each shift.	**Implementation Date: 06/27/2022** **Projected Completion Date: Ongoing**

V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 06/09/22, 06/10/22 and 06/13/22 of	V 114		

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V 114	Continued From page 1 facility records revealed: - No documented 2nd or 3rd shift fire and disaster drills for the 3rd quarter of 2021. - No 1st or 2nd shift fire drills for the 4th quarter of 2021. - No 1st or 3rd shift disaster drills for the 4th quarter of 2021. - No 3rd shift fire or disaster drills for the 1st quarter of 2022. Interview on 06/09/22 staff #1 stated: - 1st shift was 8am to 4pm. - 2nd shift was 4pm to 12 midnight.- 3rd shift was 12 midnight to 8am. Interview on 06/10/22 the Qualified Professional stated: - He brought all the drills from the facility to the office. - He was send any additional documented drills.- He understood fire and disaster drills were required to be completed quarterly and repeated on each shift.	V 114	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,	V 118	Professional Family Care Services (PFCS) Nurse will conduct an in-service training to group home staff on policies and procedures of medication administration for group home clients/ Nurse, QP and Director of Clinical Services will ensure the police is enforced by the following: - Regular review (audit) of prescription and non-prescription medicine that is prescribed by an authorized legal person who can prescribed drugs. - Regular review of self-administered medication/s specially written by client/s doctor - Regular review by nurse of injection medication that is only allowed to be administered by a licensed person or a person trained by PFCS nurse, a pharmacist, or other person who is qualified to give medication/s. PFCS will ensure all Medication Administration Records (MAR) are current and up to date and all medications that

			are administered are immediately recorded/documented. PFCS will ensure the following are included on the MAR: - Client/s name, name of medication, it's quantity and strength. - Directions on how to administer - Date and time when to administer medication - The name or initial of staff member who administer the medication/s PFCS will ensure that all medication/s changes will be documented and kept with the client/s MAR fil e. Any changes that occur to client/s medication, the client's doctor will be notified for an appointment or consultation. PFCS, Nurse, QP and Director of Clinical Services will ensure staff members adhere to all policies and procedures when administering medication to client/s. Enforcement of polices will be conducted by the following: - Random, unannounced MAR audits to the group home. - On-going medication administration training.	

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V 118	Continued From page 2 pharmacist or other legally qualified person and privileged to prepare and administer medications. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medication as ordered by a physician for 2 of 3 audited clients (#1 and #2). The findings are: Finding #1: Review on 06/09/22 of client #1's record revealed: - 65 year old male. - Admission date of 04/11/12. - Diagnoses of Autism, Severe Intellectual Developmental Disability, Diabetes, Seizure Disorder and Hyperlipidemia. Review on 06/09/22 of a signed FL-2 for client#1	V 118		

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V 118	Continued From page 3 date 12/17/21 revealed Ammonium Lactate 12% (treats dry, itchy and scaly skin) - apply cream twice daily. 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. Observation on 06/09/22 at approximately 3:00pm of client #1's medications revealed no Ammonium Lactate 12% available for administration. Interview on 06/09/22 staff #2 stated client #1's Ammonium Lactate was on order. Interview on 06/09/22 staff #5 stated client #1's Ammonium Lactate had been out for a "couple of days." Finding #2: Review on 06/09/22 of client #2's record revealed: - 39-year-old male. - Admission date of 12/20/17. - Diagnoses of Autism, Hypertension and Schizophrenia. Review on 06/09/22 of a signed FL2 for client #2 dated 12/20/21 revealed: - Nizoral 2% Shampoo (treats itching and acne) - apply once daily. Review on 06/09/22 of client #2's June 2022 MAR revealed the following transcribed entry: - Nizoral 2% Shampoo - apply a pea sized amount to the face and scalp once weekly. Allow to sit, then lather for 5 minutes and then rinse. May self-administer.	V 118		

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V 118		V 118		
	Continued From page 4 Observation on 06/09/22 at approximately 2:25pm of client #2's medications revealed: - Nizoral Shampoo and the directions on the pharmacy label were illegible. Interview on 06/09/22 client #2 stated he received his medications as ordered. Interview on 06/10/22 the Clinical Director stated: - She understood medications should be administered as ordered. - She would follow up on medication issues at the facility.		Professional Family Care Services (PFCS) will ensure that all grounds maintenance, repairs and upkeeps are made and maintained. PFCS will ensure the property will remain clean, safe, appealing and free from offensive odors. PFCS will ensure the following areas are cleaned and or replaced: - Threshold between the living area and kitchen will be replaced. - Dining room window will be replaced. - All trash receptacles will be cleaned and sanitized weekly. - Any use of water in buckets and or containers will be emptied, clean and sanitized after each use. - Blinds throughout the facility will be clean regularly. - All client's bedrooms will be cleaned and remain clean, organized and sanitized weekly. - Client # 2-bedroom door knob will be replaced. - Client # 3-bedroom furniture will be replaced. - Hallway bathroom will be cleaned, sanitized and rid of all dark	**Implementation Date:** **06/17/2022** **Projected Completion Date:** **07/08/2022**

			substance and stains. PFCS will ensure this cleaning on a weekly basis. - Telephone jack will be repaired or replaced.	
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 06/09/22 at approximately 12:30pm revealed: - The threshold between the kitchen and the living room had a split area of linoleum. - Water damage was underneath the dining room window.	V 736		

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V 736	Continued From page 5 - A mop bucket with dirty water was in the kitchen. The kitchen floor had bits of debris scattered on the surface. The wall above the kitchen trash can was soiled. The telephone jack was pulled away from the wall in the kitchen. - Client #1's bedroom blinds had a layer of dust on the slats. - Client #2's bedroom door had a loose knob. The window sill had a layer of dust on the surface. - Client #3's bedroom had clothes strewn around the floor and closet. The dresser drawers were off the tracks. - The hallway bathroom had a dark substance above the tub on the ceiling. The surface around the base of the tub was stained. Interview on 06/10/22 the Clinical Director indicated she understood the facility interior items needed for cleaning and repair. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		

Dr. Myra M. Robinson
Director of Clinical Services