

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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 May 23, 2022. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living For Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>V 112- Client # 4's PCP was updated on 1/17/22 and client # 5's PCP was updated 3/3/22. As of 6/3/22, the PCPs were again reviewed with the clients. All goals and strategies were reviewed as well. The reviews included strategies to address client's diabetes diagnosis, which includes signs and symptoms of diabetes, practice of healthy eating and understanding diabetes. Going forward the records will be reviewed monthly by the administrator or designee. This review should be a cursory review to ensure that all required documents are present. Additionally, the staff will ensure that all information is replaced in the records after appointments, hospitalizations, crisis contacts, etc..</p>	
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		

Division of Health Service Regulation

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

TITLE

(X8) DATE

Claris Ratt...

BA, OP

7/27/22

STATE FORM

MJVC11

If continuation sheet 1 of 34

RECEIVED

By DHSR Mental Health Licensure & Certification at 4:45 pm, Aug 02, 2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-869	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure treatment plans were reviewed annually and in consultation with three of three audited clients (#2, #4 and #5). In addition, the facility failed to develop and implement strategies as well as goals to meet the needs for one of three audited clients (#5). The findings are:</p> <p>I. Review on 5/18/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/10/12 - Diagnoses: Arthritis, Hypertension, Mental Retardation, Coronary Arteries Disease and Hyperlipidemia - Treatment plan dated 4/4/21 listed goals related to the following: <ul style="list-style-type: none"> maintain optimal health by cooperating with systematic monitoring to promote early detection, improve social skills and eliminate behaviors so that supervised functioning is positive and meds taken consistently develop and demonstrate healthy sense of respect for social norms participate in day program activities - No treatment plan updated or reviewed for 2022 - She served as her own guardian. <p>Interview on 5/19/22 client #2 stated:</p> <ul style="list-style-type: none"> - She was not aware of a treatment team meeting or discussion of goals - The Qualified Professional (QP) may be able 	V 112		

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V 112	<p>Continued From page 2</p> <p>to further provide more information</p> <p>II. Review on 5/18/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/10/12 - Diagnoses: Hyperlipidemia, Anxiety and Allergy - Treatment plan dated 4/2/21 listed goals related to the following: <ul style="list-style-type: none"> learn to manage symptoms and identify triggers by implementing coping skills in the home/community improve daily living/productivity skills by following through with appointments improve her quality of life by increasing her prevocational and employment skills in order to obtain employment participate in day program activities - No treatment plan updated or reviewed for 2022 - She served as her own guardian <p>Interview on 5/18/22 client #4 stated:</p> <ul style="list-style-type: none"> - It had been "a few years" since she reviewed her goals. <p>III. Review on 5/18/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/11/21 - Diagnoses: Sacrococcygeal Disorder, Type 2 Diabetes, GERD (Gastroesophageal Reflux Disease), Allergic Rhinitis, Hyperlipidemia, Down Syndrome and Nausea - Treatment plan dated 2/4/21 listed goals related to the following: <ul style="list-style-type: none"> maintain optimal healthy by monitoring to promote early detection Increase independent living skills via activitles (chores, bathing, wearing masks, Covid precautions) increase productivity and safety 	V 112		

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V 112	<p>Continued From page 3</p> <p>awareness by refusing to engage in activities or wandering improve decision making abilities with no more than one prompt behaviors of destroying clothing, cutting hair, elopement, stealing to obtain attention.</p> <ul style="list-style-type: none"> - She served as her own guardian. <p>A. Interview on 5/18/22 client #5 stated:</p> <ul style="list-style-type: none"> - "No treatment meeting in a while. It's been a year so." <p>Interview on 5/19/22 the QP stated:</p> <ul style="list-style-type: none"> - Early this year, she had met with the clients and established goals for treatment plans. - She was not sure why the clients did not recall the treatment plan meeting. - She could not explain what happened to the treatment plans completed in 2022. - She would forward the current treatment plans to Division of Health Service Regulation (DHSR). <p>B. Review on 5/18/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Physician's note dated 5/10/22: "A1C is 11.6 today above her normal 10.3 from 11/5/21 visit. "...her glucose has been running around 220 in the AM fasting. She is 3 months late on her follow up... Needs to come in for regular visits as directed. Glucose has increased significantly and if she had come in 3 months earlier as directed this could have likely been avoided." Glucose fingerstick checked in office -232. Follow up with BG results in 2 weeks. - No evidence she had been assessed regarding her ability to check and document her Blood Glucose (BG) readings. 	V 112		
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2		STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511		
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V 112	<p>Continued From page 4</p> <p>Interview on 5/18/22 client #5 stated:</p> <ul style="list-style-type: none"> - She used to live at home with her father prior to being admitted to the group home. - While living at home with her father, her physician taught her how to check her BG levels. - Her BG levels ran 120, 140 up to 180. - She would only tell group home staff the readings "if it was high like 300." - The day (5/10/22) she went to the doctor, her BG was high because she had "snacked" prior to the appointment. - The doctor increased her insulin from 34 units to 44 units because of the BG and the A1C being high. - She was supposed to keep track of her BG numbers and follow up with the doctor in a few weeks. - she "keep forgetting" to write down her BG numbers. - "Now, I got to figure out the numbers." Later, she said she would just tell the doctor she forgot to write down the numbers. <p>Review on 5/20/22 of an email correspondence dated 5/20/22 from the QP revealed:</p> <ul style="list-style-type: none"> - She would not be able to send the copies of the treatment plans prior to the 12 Noon requirement due to a scheduling conflict, multiple DHSR surveys at the same time and an unexpected emergency. 	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local</p>	V 114		

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NAME OF PROVIDER OR SUPPLIER
DESTINY FAMILY CARE HOME 2

STREET ADDRESS, CITY, STATE, ZIP CODE
1236 FAIRLANE ROAD
CARY, NC 27511

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V 114	<p>Continued From page 5</p> <p>authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete fire and disaster drills at least quarterly and on each shift. The findings are:</p> <p>Review on 5/18/22 of the facility's drills sent via email to Division of Health Service Regulation (DHSR) by the Qualified Professional (QP) revealed the following documentation between January 2022-May 2022:</p> <ul style="list-style-type: none"> - No disaster drills - Fire drills were completed by the Licensee on 1/8/22 at 8:00 AM, 2/3/22 at 9:00 PM, 3/2/22 at 7:00 AM, 4/8/22 at 5:02 PM and 5/3/22 at 6:53 PM. - No evidence fire drills were completed by House Manager/staff #1 or Former House Manager/staff #2 <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - Facility operated using one shift. - She had not been off since she started working at the facility. - She had worked at the facility 3 months. - She was the only staff that worked at the 	V 114	<p>V 114 As of 6/3/22 staff & the Administrator were inserviced on procedures and protocols for conducting fire & disaster drills. The residential staff will complete the drills on no less than a monthly basis and will be completed on all shifts within the quarter. The administrator will ensure drills have been completed on a monthly basis and will co-sign the form once completed. The drills will be completed by direct care staff and will be monitored by the administrator during the review at the end of each month.</p>	

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V 114	<p>Continued From page 6</p> <p>facility.</p> <ul style="list-style-type: none"> - She had not been off work since she started working at this facility. - She had not completed fire or disaster drills since her employment at this facility. - The Licensee kept the fire and disaster drills book with her. <p>Interview on 5/18/22 client #4 stated:</p> <ul style="list-style-type: none"> - "We don't do fire or disaster drills." - "If there was a fire, I would meet at the mailbox at the end of the driveway. I would go somewhere with no windows." - Someone had told her before what to do in case of a fire or disaster. She did not recall who told her. - She did not know in this house specifically where to go in case of disaster or fire drill. <p>Interview on 5/18/22 client #5 stated:</p> <ul style="list-style-type: none"> - "I don't remember off hand when" the last time a drill was completed. Former House Manager worked at the home. It was in 2021 not 2022. - For a fire, she would go outside and up the hill "so house (fire) would not burn me." - She recalled practicing a fire drill only once since her 2021 admission to the group home. - She had "not practice tornado" drill. I would get under cushions or in bathroom. But not sure what I would go in this house, I don't know." - In the past, during a tornado drill, the clients got in the bathtub. <p>Interviews on 5/19/22 and 5/20/22 the QP stated:</p> <ul style="list-style-type: none"> - 05/19/22: The fire and disaster drills were maintained by the Licensee. She would obtain the drills from the Licensee and email them to DHSR. - 05/20/22: She faxed DHSR the drill information obtained from the Licensee on 	V 114		
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NAME OF PROVIDER OR SUPPLIER
DESTINY FAMILY CARE HOME 2

STREET ADDRESS, CITY, STATE, ZIP CODE
**1238 FAIRLANE ROAD
CARY, NC 27511**

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V 114	<p>Continued From page 7</p> <p>5/19/22, The Licensee only provided the fire drill information to be faxed to DHSR.</p> <p>Interview on 5/20/22 the Licensee stated:</p> <ul style="list-style-type: none"> - She conducted both fire and disaster drills. - She was not sure why clients would indicate no drills were conducted. - Sometimes the clients were "nervous when interviewed." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114	<p>V118 An extensive training on diabetes care, management, documentation, signs/symptoms of hyper and hypoglycemia was conducted by the pharmacy RN between 6/2 and 6/9. Additionally, the training focused on proper medication storage. QP met with the staff and administrator to discuss expectations for communication with direct care staff covering in the home upon client's return to the group home after appointments. The staff should not assume the responsibility to make decisions about how and when a client will be responsible for storing their own meds without a Dr's approval and proper medication storage containers being in place and the administrator and QP's awareness. he administrator should ensure that all paperwork, Dr. orders and outcomes of visit are reviewed with that staff on duty. If a client has an order to self administer medication, conduct blood sugar checks and/or administer insulin, by a licensed professional, all these must be completed in the presence of staff during every check and each time these independent practices are completed.</p>	
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> <ul style="list-style-type: none"> (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 	V 118		

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V 118	<p>Continued From page 8</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure MARs were kept current and assure medications were administered as written for three of three audited clients (#2, #4 and #5). The facility failed to assure medications were self administered by clients only when authorized by the client's physician for one of three audited clients (#5). The findings are:</p> <p>I. Cross reference 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V120). Based on observation, record review and interview the facility failed to assure medications refrigerated with food items were kept separate in a locked compartment or container for one of three audited clients (#5).</p> <p>II. The following are medication issues regarding client #5.</p> <p>Review on 5/18/22 of client #5's record revealed: - Admitted: 1/11/21 - Diagnoses: Sacrococcygeal Disorder, Type 2 Diabetes, GERD (Gastroesophageal Reflux Disease), Allergic Rhinitis, Hyperlipidemia, Down</p>	V 118	<p>V118 Continued: Staff has been inserviced and advised that completion of MARs at the time medications are administered is mandatory and not optional. There should be absolutely no delay of documenting when medications are given. Medications will be given only as ordered by a licensed prescriber and at no time will any medication be given to a client, including over the counter meds without a Dr's order. The facility staff or administrator should ensure that the pharmacy is delivering medications on the specific cycle for that group home. Staff should always call in medications that are not on the cycle at least 7 days in advance of that particular medication running out. It is the responsibility of the person accompanying client to the Dr's appt to obtain documentation. The medical provider does not always provide documentation (contrary to what was stated by the practice). If a medication arrives and there is no order, then the staff is not to administer that medication unless the order is available and physically present in the group home. At no time is a medication given without an order being in the home.</p>	

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V 118	<p>Continued From page 9</p> <p>Syndrome and Nausea</p> <ul style="list-style-type: none"> - FL-2 signed by physician dated 5/6/22 listed medications that included: <ul style="list-style-type: none"> Toujeo Max 300 units/Milliliter (ml) inject 34 units subcutaneously at night (Diabetes) Glyxambi 10 milligram (mg)-5mg one tablet (tab) daily (Diabetes) Pantoprazole SOD DR (Sodium Delayed Release) 20mg one tab daily (GERD) Trazadone 50mg one tab at night (Insomnia) Venlafaxine HCL ER (Hydrochloride Extended-Release) 150mg one tab daily (Antidepressant and Nerve pain) Atorvastatin 80mg one tab at night (High Cholesterol) Lisinopril 2.5mg one tab daily (Hypertension) Cetirizine 10mg one tab daily (Allergies) - Primary Care Physician's (PCP) visit note dated 5/10/22 listed the following changes: <ul style="list-style-type: none"> Glyxambi increased to 25mg one tab daily. Toujeo was increased to 44 units at bedtime. "Check BG (Blood Glucose) in AM fasting daily X (times) 2 weeks..." - No physician's order to self administer insulin medication. <p>A. No physician's order to self administer insulin.</p> <p>Review on 5/20/22 of client #5's PCP notes signed and maintained by her PCP revealed the following regarding her June 11, 2021-May 20, 2022 visits:</p> <ul style="list-style-type: none"> - She had been seen 4 times in which her Diabetes was addressed. - The 6/11/21 note reflected client was seen to establish care. <p>Her "A1C is 9.9 today... She is on levemir 34 units qd (daily) but states that she sometimes changes her dose from am to pm..."</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>...pt (patient) instructed to inject levemir more consistently instead of alternating between pm and am dosing...</p> <p>She is also on Jardiance 10mg qd..."</p> <p>The PCP "may inc (increase) jardiance to 25mg depending on how her renal functionings looks."</p> <p>Her BG was checked in the PCP's office with a 362 reading.</p> <p>"Her glucose was high due to non-compliance with her levemir..."</p> <p>- The 6/29/21 note reflected she was seen to address pain due to a fall and a follow up of 6/11/21 visit.</p> <p>"Will check UA (urine analysis) today as she is on SGLT2 (sodium glucose transport protein 2 used to treat type 2 Diabetes) and is a diabetic... She used to not take her levemir every day as directed but now takes it every night."</p> <p>- The 11/5/21 note reflected she was seen at a follow up visit from 6/29/21.</p> <p>"...A1C is 10.3 today which is slightly up..." and glucose had been running around 110 in the AM fasting.</p> <p>Her BG checked was conducted in the PCP's office with a 213 reading.</p> <p>Jardiance and Levemir were discontinued. Glyxambi and Toujeo were started.</p> <p>- The 5/10/22 note reflected a physical exam was completed.</p> <p>Her "A1C is 11.6 today above her normal 10.3 from 11/5/21 visit...</p> <p>Glucose has been running around 220 in the AM fasting....</p> <p>Glucose has increased significantly."</p> <p>Her BG check was conducted in the PCP's office with a 232 reading.</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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 118	<p>Continued From page 11</p> <p>Interview on 5/18/22 client #5 stated:</p> <ul style="list-style-type: none"> - She used to live at home with her father prior to being admitted to the group home. - While living at home with her father, her physician taught her how to administer insulin. - She estimated she had self administered her insulin medications for over 4 years. - At the group home, staff did not watch her administer medications. <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - She started working at the facility 3 months ago - Since her employment, client #5 had always self administered her insulin. - She did not observe client #5 self administer her insulin. - Client #5 informed staff after the insulin was self administered. <p>B. Medications administered not recorded immediately after administration:</p> <p>Review on 5/18/22 of May 2022's MAR PM dosages on the 17th and AM dosages on the 18th revealed:</p> <ul style="list-style-type: none"> - No initials to reflect the medications from the 5/8/22 FL-2 and 5/10/22 PCP signed visitation note were administered. <p>Interview on 5/18/22 client #5 stated:</p> <ul style="list-style-type: none"> - She received all her medications the past two days (17th and 18th). <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - She had administered PM dosages on 5/17/22 and AM dosages on 5/18/22 for all 	V 118		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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)	(X6) COMPLETE DATE
V 118	<p>Continued From page 12</p> <p>clients.</p> <ul style="list-style-type: none"> - She was "fully aware" the MARs for clients #2, #4 and #5 had not been initialed immediately after the medication was administered. - She waited to initial the MARs 2-3 days at a time. - She had been "busy taking care of clients." <p>C. MAR not current for physician's order regarding BG checks;</p> <p>Review on 5/18/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - PCP visit notes dated on 11/5/21 & 5/10/22 were signed by her physician. The notes reflected BG checks only as fasting in the AM daily. The 5/10/22 note specified "Follow up with BG results in 2 weeks." - March-May 2022 MARs listed pre-typed instructions for test strips "Use as directed to check blood sugar three times daily." April and May reflected staff initialed BG was checked at 8 PM only. <p>Interview on 5/18/22 client #5 stated:</p> <ul style="list-style-type: none"> - She checked her BG levels twice a day, "once in the morning and once at night." - Changes had not been made to her BG checks. <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - She did not observe the BG checks conducted by client #5 - She did not document the results of the BG readings - Client #5 would indicate she checked her BG. <p>Interview on 5/19/22 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - She thought the facility had obtained a 	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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)	(X6) COMPLETE DATE
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V 118	<p>Continued From page 13</p> <p>physician's order for client #5 to self administer medications.</p> <ul style="list-style-type: none"> - She last reviewed medications at this location in January 2022. - She could not recall if she saw the BG readings for client #5 during her January 2022 review. - The January 2022 medication review would have occurred prior to House Manager/staff #1's employment at this location. - She worked with House Manager/staff #1 prior to her employment at this facility. - The House Manager/staff #1 had been trained in Medication Administration. - Staff should monitor client #5 as she checked her insulin. - For clients that self administer medications, both the client and staff should initial the MAR. - BG readings should be documented on the reverse of the MAR by staff. <p>D. MAR not reflect when medication administered:</p> <p>Observation on 5/18/22 between 10:13-10:30 AM of client #5's medications revealed:</p> <ul style="list-style-type: none"> - Nystatin Topical Powder 100,000 units apply three times a day under breast (Antifungal) - Flovent HFA (Hydrofluoroalkane) 44 microgram (mcg) inhale 2 puffs twice a day (Asthma) - Ondansetron ODT 4 mg dissolve one tab three times a day as needed (prn) for nausea <p>Review on 5/18/22 of a PCP note signed and maintained by client #5's PCP dated 5/10/22 revealed:</p> <ul style="list-style-type: none"> - "She also states that she has had intermittent nausea over the past few months. She has had this in the past but it comes and 	V 118		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-869	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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 118	<p>Continued From page 14</p> <p>goes. She is on protonix for GERD and states that her GERD is well controlled. She denies vomiting, diarrhea, constipation."</p> <p>Review on 5/18/22 of client #5's March-May 2022 MARs revealed:</p> <ul style="list-style-type: none"> - Pre-typed Flovent HFA 44 mcg inhale 2 puffs twice a day, Nystatin topical powder 100000 unit apply three times a day under breast and Ondansetron ODT 4 mg dissolve one tab TID prn for nausea. - No initials Flovent, Nystatin Topical Powder and Ondansetron were administered. <p>Interviews on 5/18/22 and 5/19/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - 5/18/22: Client #5's Ondansetron was in her bedroom. It was in her bedroom because she would have occasions of nausea at night. <p>E. Medication not administered per storage instructions:</p> <p>Observation on 5/18/22 between 2:30 PM-2:45 PM of client #5's medications revealed 1 opened and 2 unopened boxes of Toujeo. All 3 boxes of Toujeo revealed the following instructions:</p> <ul style="list-style-type: none"> - "Refrigerate unopened cartridges or pens. Once in use, do not refrigerate. Store the cartridge or pen in use at room temperature (below 86) degrees." <p>Interview on 5/19/22 client #5 stated:</p> <ul style="list-style-type: none"> - Once she opened the Toujeo pen for use, she placed the pen in her locked box inside the refrigerator. <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - The Toujeo medication was delivered from 	V 118		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-869	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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 118	<p>Continued From page 15</p> <p>the pharmacy using a cooling system.</p> <ul style="list-style-type: none"> - The Toujeo was maintained in the refrigerator throughout. - That was the system in place since she came to work at the facility three months ago. - She had not noticed the instructions on the Toujeo box prior to this interview. <p>Interview on 5/20/22 the Pharmacist used by the facility stated:</p> <ul style="list-style-type: none"> - Toujeo once in use should be kept and administered at room temperature. - The change in temperatures from hot to cold increases the risk of the insulin breaking down faster. - The client may or may not experience discomfort from the insulin being injected cold directly from the refrigerator. <p>Interview on 5/20/22 the Licensee stated:</p> <ul style="list-style-type: none"> - She used to have the physician's order for client #5 to self administer medications. - "I can't locate" the self administer physician's order in the record. - She could go to client #5's PCP office and obtain a new order. - She purchased a notebook for client #5 to write down her own BG readings. - She did not know why the notebook could not be located either by staff or client #5. - "I have seen the notebook. I last...saw the notebook at the doctor visit before the visit a few weeks ago (5/10/22). It was about on the May 6 visit." - She felt maybe client #5 was "nervous at the time of the interview" and did not show the notebook with her BG. <p>III. The following are medication issues regarding client #4.</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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 118	<p>Continued From page 16</p> <p>Review on 5/18/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/10/12 - Diagnoses: Hyperlipidemia, Anxiety and Allergy - FL-2 dated 6/3/21 signed by the physician listed: <ul style="list-style-type: none"> Garcinia Cambogia 800mg one tab daily (Weight Loss) Vitamin D3 one tab daily Citalopram HBR (Hydrobromide) 40mg one tab daily (Anxiety) Buspirone HCL (Hydrochloride) 7.5mg one tab twice a day (Anxiety) Solifenancin 5mg one tab at night (Incontinence) Cogentin .5mg one tab at night (Anxiety/Tremors) Simvastin 20mg one tab daily (High Cholesterol) Trazadone 50mg one tab at night Famotidine 20mg one tab every evening (GERD) Hydroxyzine HCL 25mg one tab twice a day (Anxiety & Allergy) <p>A. MAR not initialed to indicate medication administered:</p> <p>Review on 5/18/22 of client #4's May 2022 MAR revealed:</p> <ul style="list-style-type: none"> -no initials to indicate the PM dosages on the 17th and the AM dosages on the 18th were administered of the above medications listed on the 6/3/21 FI-2. <p>Interview on 5/18/22 client #4 stated:</p> <ul style="list-style-type: none"> - She received all her medications on the 17th and the 18th of May. - She could recall the names of some but not 	V 118		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD GARY, NC 27511
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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 118	<p>Continued From page 17</p> <p>all her medications.</p> <p>B. Medications not administered:</p> <p>Observation on 5/18/22 between 10:45 AM and 11:00 AM of client #4's medications revealed no evidence of the medications listed below:</p> <ul style="list-style-type: none"> - Vitamin D3 - Hydroxyzine 25 mg - Loratadine - Famotidine <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - She had not given Vitamin D3, Hydroxyzine 25 mg and Famotidine in the last few days because the medications were out. - She was awaiting the pharmacy to deliver the medications. <p>Observation on 5/18/22 between 1:15 PM-2:00 PM of a white bag handed by the House Manager/staff #1 to surveyor revealed the following medications for client #4 inside:</p> <ul style="list-style-type: none"> - Vitamin D3 dispensed 12/6/21 - Hydroxyzine 25mg dispensed 5/11/22 - Loratadine dispensed 2/8/22 - Famotidine dispensed 5/1/22 <p>A second interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - She did find the above medications for client #4 in the white bag in the staff room. - "It was an oversight on my part." <p>C. Medication not available at the group home to administer:</p> <p>Review on 5/18/22 of client #4's March-May 2022 MARs revealed the following pre-typed</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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 118	<p>Continued From page 18</p> <p>medications listed and not Initialed as administered:</p> <ul style="list-style-type: none"> - Naphocon A eye drops twice a day prn (Allergies) - Ondansetron ODT 4mg prn one tab three times a day - Naproxen 250 mg one tab twice a day prn (Pain) - Immodium AD 2mg one capsule four times a day prn (Diarrhea) - Hydroxyzine HCL 10mg one every 8 hours prn - Fluticasone 50mcg spray 2 sprays per nostril prn (Asthma) <p>Observation on 5/18/22 between 10:45 AM and 2:30 PM revealed the above medications were not available in the home to be administered</p> <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - The pharmacy should be sending some medications. - The pharmacist was contacted last week after her doctor's visit that she was out of some medications. - "She is out of Flonase, she been out 2 days and eye drops one day" - "I've not seen Naproxen, Zofran (Ondansetron), Immodium AD (Loratadine), Hydroxyzine 10mg for her." <p>Interview on 5/19/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - She called the pharmacy on 5/18/22. - The pharmacist explained he needed to follow up on some of the prn medications to verify the medicatlons were still needed as some were temporary. - She had been informed by the Pharmacist on 	V 118		

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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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 118	<p>Continued From page 19</p> <p>5/18/22 client #4's eyedrops and Hydroxyzine were on back order.</p> <ul style="list-style-type: none"> - She did not see Naproxen, Immodium and Ondansetron - She anticipated some medications not onsite on 5/18/22 to be delivered by the pharmacy on 5/19/22. <p>Interview on 5/20/22 the Pharmacist used by the facility stated the following about client #4's medications:</p> <ul style="list-style-type: none"> - He could not recall when medications were called in for refill. - Some medications were requested for refill on 5/18/22 but he was not sure which medications or a specific time of the call. - Eye drops usually were on back order for a few weeks or month. - Per his records, Ondansetron, "Immodium, Flonase were sent out" on 5/19/22. - "Naproxen, the dr (doctor) sent a new order today. Loratadine today will be sent out, Hydroxyzine I need to check on that order" and send it out. <p>D. No Physician's order for Non-prescription medication as well as not noted on the MAR;</p> <p>Observation on 5/18/22 between 10:45 AM-11:00 AM of client #4's medications revealed:</p> <ul style="list-style-type: none"> - Over the counter (OTC) bottle of Ibuprofen 200mg. - Ibuprofen was in the same bin as client #4's prescribed medications. <p>Review on 5/18/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - No physician's orders for Ibuprofen. - March-May 2022 MARs did not list Ibuprofen as a medication prescribed or administered. 	V 118		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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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 118	<p>Continued From page 20</p> <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - Client #4 had been administered Ibuprofen for minor aches, pains and headaches. - She did not recall when the last time she administered client #4 medication. -- She could not recall when or how often client #4 had been administered Ibuprofen. - She was not aware the Ibuprofen was not on the MAR. - She thought if the doctor verbally indicated for her to take Ibuprofen but did not write an order, the client could be administered the medication. - When she started at the facility 3 months ago, client #4 already had the Ibuprofen. <p>IV. The following are medication issues regarding client #2.</p> <p>Review on 5/18/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/10/12 - Diagnoses: Arthritis, Hypertension, Mental Retardation, Coronary Artery Disease (CAD) and Hyperlipidemia - No physician's orders to self administer - PCP notes signed and maintained by client #4's PCP dated 4/21/22- she was seen for "Rheumatoid Arthritis with deformities in hands and feet." Prescribed "MTX (Methotrexate) 15mg once a week..." <p>A. No physician's orders:</p> <p>Review on 5/18/22 of client #2's record maintained by the facility revealed:</p> <ul style="list-style-type: none"> - FL-2 dated 7/20/20 signed by physician revealed Meloxicam 7.5mg one tab daily (Rheumatoid Arthritis) - No other updated orders 	V 118		

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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 118	<p>Continued From page 21</p> <ul style="list-style-type: none"> - March-April 2022 MARs listed Meloxicam 7.5mg one tab daily as needed <p>Review on 5/20/22 of client #2's list of medications maintained by the pharmacy revealed:</p> <ul style="list-style-type: none"> - Prescription dated 8/1/21 Meloxicam 7.5mg one tab daily as needed <p>Interviews on 5/18/22 and 5/19/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - She attempted to locate additional physician's orders for client #2. - No physician's orders other than the FL-2 dated 7/20/22 were at the group home <p>Interview on 5/20/22 the Pharmacist stated:</p> <ul style="list-style-type: none"> - When changes were made to medications, he provided copies to the facility. - He was not sure when he sent copies of physician's orders to the facility. <p>B. MAR not current:</p> <p>Observation on 5/18/22 between 10:30 AM-10:45 AM revealed client #2's MTX was dispensed 4/1/22 in a bubble packet.</p> <ul style="list-style-type: none"> - MTX 6 tablets in one compartment - Two compartments remained that contained 6 tablets each <p>Review on 5/18/22 of client #2's March-May 2022 MARs revealed MTX:</p> <ul style="list-style-type: none"> - Was Initialed as administered daily opposed to once a week for all three months. <p>C. No orders to self administer and no documentation medication administered:</p> <p>Review on 5/18/22 of client #2's record revealed:</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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 118	<p>Continued From page 22</p> <ul style="list-style-type: none"> - No orders to self administer <p>Review on 5/20/22 of client #2's physician's orders maintained by the pharmacy revealed:</p> <ul style="list-style-type: none"> - Prescription dated 5/20/21 Miracle Rub Ultra Strength 4%-30% -10% topical cream apply twice a day PRN (Pain Relief) - Prescription 7/19/21 listed Nystatin 100000 unit apply twice a day <p>Review on 5/18/22 of client #2's March-May 2022 MAR listed:</p> <ul style="list-style-type: none"> - For Nystatin: May 1st-13th PM dosages were not Initialed as administered. May 13th-end of the month PM Dosages were marked out <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - Client #2 did not use Nysfatin at all. - Client #2 was at her day program at the time of the interview. - She could not locate client #2's Miracle Rub in the group home. "I looked in her bedroom." - The Miracle Rub must be in client #2's handbag because she applied it on her feet by herself. - She did not know how often or the last time client #2 applied the Miracle Rub. <p>Interview on 5/20/22, the QP stated:</p> <ul style="list-style-type: none"> - Last reviewed medications at this facility in January 2022 - Was not aware of the issues regarding the medications 	V 118		
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V 118	<p>Continued From page 23</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Review on 5/20/22 of the facility's Plan of Protection (POP) dated 5/20/22 submitted by the QP revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will receive immediate training, today on medication storage. Additionally, the facility will provide ongoing training at least weekly for the next 30 days and then monthly afterwards on medication requirements to include appropriate storage of all types of medications. This will continue for a period of 90 days. The training will continue to focus on documentation on MARs, medication storage, ensuring that Dr's (doctor) orders are in place and any other area requiring training to ensure staff competency. Staff will receive more in depth training by a registered nurse within the next 23 days. Any future deviations from proper medication procedures will result in consequences, up to and including _____ Describe your plans to make sure the above happens. The QP or designee will review MARs, medication administration practices and procedures with the staff at least quarterly and will also conduct observations of medication administration procedures at least once monthly. The administrator will ensure that all medications are stored properly on a weekly basis." <p>Review on 5/23/22 of a second plan of protection dated 5/23/22 submitted by the QP revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? Please refer to Plan of Protection dated 5/20/22 for additional plans. The facility administrator will ensure that MARs for each 	V 118		
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V 118	<p>Continued From page 24</p> <p>client are kept current. Staff members are required to sign after administration for each client immediately after medications have been ingested. This will be included in the training which will be provided by contracted RN by 6/12/22 (23 days from the Initial POP submitted on 5/20/22). The facility administrator will contact the client's primary care DR to obtain authorization for the client to self administer her insulin.</p> <p>- Describe your plans to make sure the above happens.</p> <p>The QP or designee will review MARs, medication administration practices and procedures with the staff at least quarterly and will also conduct observations of medication administration procedures at least once monthly. The administrator will ensure that all medications are stored properly on a weekly basis. After training is provided continued medication concerns will be addressed through disciplinary action up to termination."</p> <p>Clients #2, #4 and #5 in the group home had diagnoses which included Intellectual Developmental Disability, Down's Syndrome, Anxiety, GERD, Hypertension, Diabetes, CAD, Hyperlipidemia and Allergies. Client #5 self administered insulin without written authorization from a physician. Between June 2021 and May 2022, client #5's PCP's office BG readings of 362, 213, 232 as well as A1C readings of 9.9, 10.3, 11.6 resulted in changes and increases of her diabetic medications. At the group home, client #5 checked her BG and did not document reading results. Changes made to frequency of BG checks were not reflected on the MAR. Client #5's unopened boxes of Toujeo was not stored in a locked container in the refrigerator accessed by all clients. Clients #2, #4 and #5 MARs were not</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/23/2022
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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V 118	Continued From page 25 Initiated immediately after medications were administered. The House Manager/staff #1 Initiated the MARs 2-3 days at a time after medications were administered. Client #2's physician's order for Meloxicam was not in her record maintained by the facility. As needed medications such as Naphocon eye drops, Nystatin Powder, Meloxicam, Muscle Rub and Ondansetron were not available at the group home for clients. This deficiency constitutes a Type A1 rule violation for serious patient and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled	V 120	V120 All medications will be stored according to manufacturers instruction or Dr's orders. Any medication stored outside of the storage closet/cabinet will be locked as well. Any refrigerated items must be locked in a separate storage container. Staff has been inserviced on this by the QP and the contracted RN between 5/21 and 6/9/22.	

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V 120	<p>Continued From page 26</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medication is locked in a locked compartment or container for one of three audited clients (#5). The findings are:</p> <p>Observation on 5/18/22 between 2:25 PM -2:50 PM of the inside of the facility's refrigerator revealed:</p> <ul style="list-style-type: none"> - Clients went inside the refrigerator to make sandwiches or to obtain a drink of water. - 1 unopened box placed in front of the black box. This box was labeled "Toujeo Max Solostr 300 unit/MI (milliliter)" with a dispense date of 2/28/22. - 2 unopened boxes in the back of the refrigerator. These boxes were labeled "Toujeo Max Solostr 300 unit/mi) inject 34 units subcutaneously at bedtime." One box had a dispense date of 4/28/22 and the second box was dispensed 3/28/22. <p>Interview on 5/18/22 client #5 stated:</p> <ul style="list-style-type: none"> - She placed all her opened refrigerated insulin pens from the medication box inside of the locked box. <p>Interview on 5/18/22 House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - She started working at the facility 5 months ago. - Unopened insulin medication were not stored 	V 120		

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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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V 120	<p>Continued From page 27</p> <p>In a locked box inside the refrigerator.</p> <ul style="list-style-type: none"> - Since she started, the facility only had one lock box for the refrigerator. - Client #5 used that locked box to store her insulin in the refrigerator. <p>Interview on 5/19/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - January 2022 was the last time she reviewed medications at this facility. - Prior to this Interview, she was not aware the facility did not have a system to lock unopened refrigerated medications. - She would discuss the process with the Licensee. <p>Interview on 5/20/22 the Licensee stated:</p> <ul style="list-style-type: none"> - "I only have one lock box" for the refrigerator. - "I am so shocked to hear this that the meds were not in the locked box." <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (Tag V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 120		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be</p>	V 291		

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V 291	<p>Continued From page 28</p> <p>maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate services between the operator and qualified professionals responsible for treatment/habilitation of two of three audited clients (#4 and #5). The findings are:</p> <p>A. Review on 5/18/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/10/12 - Diagnoses: Hyperlipidemia, Anxiety and Allergy - Pamphlet for 1500 Calorie diet <p>Interviews on 5/19/22 and 5/23/22 the Office Manager at client #4's primary care physician</p>	V 291	<p>V291 The administrator is responsible for making sure that any orders given by a provider are shared with the staff and monitored appropriately. The QP and staff have gone through each client's orders to determine all who are on specialized diets. That information is stored in the MAR book. The administrator and direct care staff will ensure that the information is shared during shift exchange and hiring of new staff.</p>	
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NAME OF PROVIDER OR SUPPLIER
DESTINY FAMILY CARE HOME 2

STREET ADDRESS, CITY, STATE, ZIP CODE
1238 FAIRLANE ROAD
CARY, NC 27511

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V 291	<p>Continued From page 29</p> <p>(PCP)'s office stated:</p> <ul style="list-style-type: none"> - She was familiar with client #4 as the client had been a patient for years - She spoke with client #4's PCP. - The PCP verified client #4 should be on a 1500 calorie diet since 7/10/17. - The PCP discussed weight loss and client #4 being on a diet during the April 26, 2022 appointment. - Per their agency's records client #4's weights ranged as follows: April 26, 2022...221 pounds (lbs) October 5, 2021...222lbs August 25, 2021...222lbs August 9, 2021...223lbs <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - Started working at the facility 3 months ago - None of the clients at the facility were on a diet unless by choice - She was not aware client #4 had dietary concerns or restrictions. <p>Interview on 5/18/22 client #4 stated:</p> <ul style="list-style-type: none"> - Her physician talked with her about a diet. - "I had to give up white bread." - At the group home, she never saw calorie meal plan or anything regarding a diet. - Did not recall anyone at the group home telling her about a diet or losing weight <p>Interview on 5/19/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She took clients to all appointments and shared the information with staff as well as herself - Prior to this interview, she was not aware of client #4 being on a diet or a meal plan being recommended. 	V 291		

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V 291	<p>Continued From page 30</p> <ul style="list-style-type: none"> - She suggested the Licensee would have more information. <p>Interview on 5/20/22 the Licensee stated:</p> <ul style="list-style-type: none"> - Client #4 told the doctor she wanted to lose weight. - "I was not aware she was to be on a diet." - "I am aware she wants to lose weight." <p>recommended the diet."</p> <ul style="list-style-type: none"> - She did not take client #4 to her last doctor's appointment. - The House Manager/staff #1 accompanied client #4 to her April 2022 appointment. <p>B. Review on 5/18/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/11/21 - Diagnoses: Sacrococcygeal Disorder, Type 2 Diabetes, GERD (Gastroesophageal Reflux Disease), Allergic Rhinitis, Hyperlipidemia, Down Syndrome and Nausea - PCP note dated 6/29/21 reflected a follow up visit and address complaint of pain due to fall. - "Will check UA (urine analysis) today as she is on SGLT2 (sodium glucose transport protein 2 used to treat type 2 Diabetes) and is a diabetic...She used to not take her levemir every day as directed but now takes it every night." - Follow up in 3 months. - PCP note dated 11/5/21 reflected a follow up visit. - "...A1C is 10.3 today which is slightly up... her glucose has been running around 110 in the AM fasting." - Glucose fingerstick checked in office -213. - Discontinue (D/C) insulin medications Jardiance and Levemir. - Start Glyxambi and Toujeo. D/C BG checks three times a day. 	V 291		

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V 291	<p>Continued From page 31</p> <p>Check BG once in the AM fasting. Follow up in 3 months.</p> <ul style="list-style-type: none"> - PCP nota dated 5/10/22 reflected a physical exam was completed and medicaid packet reviewed. <p>In addition to change increases in Glyxambi, Toujeo:</p> <ul style="list-style-type: none"> *A1C is 11.6 today above her normal 10.3 from 11/5/21 visit. *...her glucose has been running around 220 in the AM fasting. <p>She is 3 months late on her follow up... Needs to come in for regular visits as directed.</p> <p>Glucose has increased significantly and if she had come in 3 months earlier as directed this could have likely been avoided." ...Glucose</p> <p>Interview on 5/18/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - The Licensee and her husband provided transportation and coordinated all medical appointments for the clients. <p>Interview on 5/20/22 the Licensee stated:</p> <ul style="list-style-type: none"> - She was not aware client #5 had missed a few follow up appointments. 	V 291		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>15A NCAS 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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>	V 736	<p>V736 Facility & Grounds Maintenance</p> <p>The administrator conducted an inspection of the facility. All blown bulbs have been replaced. The molding in the bathroom has been repaired. No leakage was noted. The area has been cleaned, scraped and painted.</p>	

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V 736	<p>Continued From page 22</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Review on 5/18/22 of the facility's public file maintained by Division of Health Service Regulation (DHSR) of a local Health Department Sanitation report dated 10/27/21 revealed the following:</p> <ul style="list-style-type: none"> - 12 total demerits issued. - 1 pt deduction: "Ceiling in living room near brick fireplace is peeling paint and stained. Appears to have had water damage. No sign of leaking. Walls and ceiling should be kept clean and in good repair. Repair ceiling." <p>Observation on 5/18/22 between 2:45 PM- 3:15 PM revealed:</p> <ul style="list-style-type: none"> - Overhead light bulb blown in client #5's bedroom. - Stains on ceiling located in living room and front entrance to the home near the brick fireplace. - Both bathrooms had blown or missing light bulbs in the vanity light fixtures. - Molding around the bottom of bathtub not secure. Molding has separated between the molding material and the base of the bathtub. <p>Interview on 5/18/22 client #5 stated:</p> <ul style="list-style-type: none"> - She just needed to replace the bulbs in the bathroom. - She did not recall how long the bathroom 	V 736		
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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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 736	<p>Continued From page 33</p> <p>bulbs were either missing or blown</p> <p>Interview on 5/18/22 the House Manager/staff #1 stated:</p> <ul style="list-style-type: none"> - No one had informed her of the blown light bulb in clients bedroom, missing/blown bulb in the bathrooms light fixtures and molding not secure in the bathroom. - She was not aware of the specifics regarding the cause of the brown stains in the ceiling - She would notify management. 	V 736		
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TO: Inda VAUGHN - Rimades

FROM: Elaine RATAA

RE: POC - DESTINEY - FAELANE

DATE: 8/2/22

RECEIVED

By DHSR Mental Health Licensure & Certification at 4:36 pm, Aug 02, 2022