

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-859</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DESTINY FAMILY CARE HOME 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1238 FAIRLANE ROAD CARY, NC 27511</b>
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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><b>INITIAL COMMENTS</b></p> <p>A follow up survey was completed on 8/24/22. 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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	<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 ensure one of three audited clients treatment plan was completed annually. The findings are:</p> <p>Review on 8/18/22 of client #1's record revealed: -Admission on 10/12/12 -Diagnoses of Hypertension, Mild Mental Retardation, Arthritis and Hyperlipidemia -Treatment Plan dated 4/4/21</p> <p>Interview on 8/18/22 staff #1 stated: -Not sure where if a new treatment plan had been completed. -Started working in February 2022 and that is the only plan she had seen</p> <p>Interview on 8/19/22 the Qualified Professional (QP) stated: -She had completed client #1's treatment plan and assumed it was in the home. -Would check her records and fax over. -The plan could be misplaced in another record in the home and will follow up to check on it.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days]</p>	V 112		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	<p>Continued From page 2</p> <p><b>EXTERIOR REQUIREMENTS</b> (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe clean and attractive manner. The findings are:</p> <p>Observation on 8/18/22 at 12:19 PM revealed: -Ceiling around fire place was stained with paint peeling off -Two bulbs were out in client #6's bedroom -Light bulbs were out in client #2 and #3's bedroom -Hallway bathroom had one light bulb out -Hallway bathroom had black stain on bath tub sealant, trim around the bathtub was loose and coming off.</p> <p>Interview on 8/18/22 staff #1 stated: -They had filled all the bulbs since last survey, but others had gone out. -Did have a large pack of light bulbs in the home, but they used them all. -Used "lime away" on the bathtub to try and get the black stain out, but it did not help. -Felt like it just needed new caulk around it.</p> <p>Interview on 8/18/22 the Qualified Professional (QP) stated: -When she completed plan of protection, the Licensee stated she was getting those items</p>	V 736		

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V 736	Continued From page 3  fixed. -They did bring light bulbs over and fix a few things. -Not sure why the ceiling and bathtub had not been fixed.  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days]	V 736		