

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUMMERLIN FAMILY HOME CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>181 ARMSTRONG STREET DUNN, NC 28334</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 7/27/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for 2 beds and currently has a census of 1. The survey sample consisted of audit of 1 current client.</p>	V 000	<p>V 114:</p> <p>Indicate what measures will be put in place to correct the deficiency area of practice:</p> <ul style="list-style-type: none"> <li>*The quarterly fire drills were completed but misdated on the paper form. The second quarter's drill was completed on June 20, 2022 but was misdated as June 20, 2020.</li> <li>* A data entry error correction has been noted on the misdated form to correct the deficiency.</li> </ul>	7/27/2022
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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 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 ensure fire were conducted quarterly for each shift. The findings are:</p> <p>Review on 7/27/22 of the facility's records</p>	V 114	<p>What measures will be put in place to prevent the problem from occurring again:</p> <ul style="list-style-type: none"> <li>* The following measures will be put in place: -AFL Provider will be retrained on conducting drills, documentation of drills, and following emergency planning procedures - Drill completion dates will be added as a line item for review on the quarterly site monitoring form, completed by QPs, to ensure correct dates are being recorded</li> </ul> <p>Who will monitor the situation: * Assigned QPs will monitor at least quarterly or more often as deemed necessary</p> <p>How often will monitoring occur: * Assigned QPs will monitor at least quarterly or more often as deemed necessary</p> <p style="text-align: center;"><b>RECEIVED</b> <b>AUG 26 2022</b> DHSR-MH Licensure Sect</p>	9/12/2022

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Olivia Fredrick, BAQP* TITLE  
*Program Director* (X6) DATE  
*8/10/2022*

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V 114	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>- One fire drill completed in the month of January 2022</li> <li>- No other documentation for fire drills was available</li> </ul> <p>Interview on 7/27/22 the Owner reported:</p> <ul style="list-style-type: none"> <li>- She had completed fire drills, unable to locate the documentation</li> <li>- Doesn't have shift staff, only her as live in staff</li> <li>- The drills are completed by the assigned calendar given to "me by the company"</li> </ul> <p>Interview on 7/27/22 the Qualified Professional (QP):</p> <ul style="list-style-type: none"> <li>- Fire drills should be completed every quarter</li> <li>- There was a fire/ disaster drill schedule for the homes to use as a guide for when to complete drills</li> </ul>	V 114	<p>V118:</p> <p>Indicate what measures will be put in place to correct the deficiency area of practice:</p> <ul style="list-style-type: none"> <li>*Due to the pandemic, the client's physician's visits were conducted via Telehealth and the physician's order forms had been submitted to the physician's office but not yet returned to the AFL provider.</li> <li>-Now that the pandemic's social distancing protocol has been relaxed, the client will resume in-person physician visits. Upon these visits, the AFL provider will insist the forms be completed during each visit.</li> <li>- QPs will support AFL providers in obtaining the physician's order forms.</li> </ul> <p>What measures will be put in place to prevent the problem from occurring again:</p> <ul style="list-style-type: none"> <li>*AFL provider will be retrained on Medication Administration by the agency's RN in addition to in-service training by the QP to address the agency's policies and procedures on medication administration.</li> <li>* Medications will be administered only on the written order of the licensed medical provider.</li> <li>*The AFL provider will notify the QP when a physician's appointment is scheduled to allow the QP to assist with submitting the physician's order form to the physician's office at least five days prior to the appointment.</li> <li>* The QP will support the AFL provider in communicating with the physician's office to ensure sufficient coordination of care for the client.</li> </ul> <p>Who will monitor the situation:</p> <ul style="list-style-type: none"> <li>*The QP will monitor at least quarterly or more often if deemed necessary.</li> </ul> <p>How often will monitoring occur:</p> <ul style="list-style-type: none"> <li>* The QP will monitor at least quarterly or more often if deemed necessary.</li> </ul>	9/12/2022
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</p>	V 118		9/12/2022

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V 118	<p>Continued From page 2</p> <p>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"> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administered; and</li> <li>(E) name or initials of person administering the drug.</li> </ul> <p>(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 record reviews and interviews, the facility failed to ensure the medication was administered on the written order of a physician affecting 1 of 1 audited clients' (#1). The findings are:</p> <p>Review on 7/27/22 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2011</li> <li>- Diagnoses: Intellectual Developmental Disorder, Moderate, Unspecified Personality Disorder, Disruptive Mood Dysregulation Disorder, Unspecified Neurodevelopmental Disorder, Klippel-Fell Syndrome, Musculoskeletal pain, Hearing deficits and Vision deficits</li> <li>- Blank Physician order's sheet</li> </ul> <p>Interview on 7/27/22 the Owner stated:</p>	V 118		
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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- She took the physician orders to the doctor's office to get signed, he had not signed them</li> <li>- The doctor had not been into the office in over a year</li> <li>- They have virtual visits but hadn't been able to get paperwork signed by the doctor</li> </ul> <p>Interview on 7/27/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- She was aware of no physician order's in the client chart</li> <li>- She told the Owner that she needed those orders to give the medications</li> </ul>	V 118		
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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

8/1/22

Candace Mondragon, Facility Director  
Abound Health, LLC  
1890 Tommy's Road  
Goldsboro, NC 27534

Re: Annual Survey completed 7/27/22  
Summerlin Family Home Care, 181 Armstrong Street, Dunn, NC 28334  
MHL # 043-106  
E-mail Address: candace.mondragon@aboundhealth.com

Dear Ms. Mondragon:

Thank you for the cooperation and courtesy extended during the annual survey completed 7/27/22.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 9/25/22.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.  
***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION  
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

8/1/22

Summerlin Family Home Care  
Abound Health, LLC

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski at 919-558-6847.

Sincerely,



Keisha N. Douglas  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [DHSR\\_Letters@sandhillscenter.org](mailto:DHSR_Letters@sandhillscenter.org)  
Pam Pridgen, Administrative Supervisor