

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/31/2022
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NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME- 6	STREET ADDRESS, CITY, STATE, ZIP CODE 8936 NC HIGHWAY 96 SOUTH BENSON, NC 27504
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 8/31/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <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 review and interview the facility failed to administer medications on the written order of a physician for 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 8/26/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/30/14 - diagnoses of Mild Intellectual Developmental Disability (IDD) & Mood disorder - physician order dated 6/29/22: Risperidone 2mg (milligrams) bedtime (treat schizophrenia) & Paroxetine 30mg bedtime (depression) <p>Review on 8/26/22 of client #2's July 2022 MAR revealed:</p> <ul style="list-style-type: none"> - Risperidone was not initialed: 7, 8, 15, 17, 22 & 25 - 31 - Paroxetine was not initialed: 7, 8, 15, 17, 22 & 25 - 31 <p>During interview on 8/30/22 the House Supervisor (HS) reported:</p> <ul style="list-style-type: none"> - a former staff reviewed the MARs, however he left on 8/15/22 - in the last 3 months she reviewed the MARs twice and found no errors <p>During interview on 8/31/22 the Licensee</p>	V 118		

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V 118	Continued From page 2 reported: - she and the HS checked MARs quarterly - staff will complete MARs in the EMAR system and document on the hard copy of the MAR Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with	V 290		

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V 290	<p>Continued From page 3</p> <p>developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minimum of one staff member was present at all times except when the client's treatment plan documents the client is capable of remaining in the community without supervision for specified periods of time for 3 of 6 clients (#2, #3 & #6). The findings are:</p> <p>Review on 8/31/22 of a document sent to the Division of Health Service Regulation from the Licensee revealed:</p> <ul style="list-style-type: none"> - document labeled: "level of supervision needed in the community" with client #2, #3 & #6's names listed - "...moves about the neighborhood or community independently for a simple direct trip to a familiar location without staff accompaniment. This is to be done only one time 	V 290		

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V 290	<p>Continued From page 4</p> <p>monthly..."</p> <ul style="list-style-type: none"> - no documented hours the clients could spend in the community - signed by the Qualified Professional (QP) <p>A. Review on 8/26/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/30/14 - diagnoses of Mild Intellectual Developmental Disability (IDD) & Mood disorder - a treatment plan dated 6/5/22 with no documentation of unsupervised time <p>During interview on 8/30/22 client #2 reported:</p> <ul style="list-style-type: none"> - she had unsupervised time in the community - walked to the store when she had money - took her 30 minutes to walk to the store and back - unsure of how many hours she had in community - will walk to the store for clients who do not have unsupervised time - client #3 had unsupervised time and she walked to the store - client #6 had to walk with her and client #2 to the store <p>B. Review on 8/30/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 1/2/19 - diagnoses of: IDD, Schizoaffective disorder and Hypertension - a treatment plan dated 6/12/22 with no documentation of unsupervised time <p>During attempted interview on 8/30/22, client #3 was asleep</p> <p>C. Review on 8/30/22 of client #6's record revealed:</p>	V 290		

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V 290	<p>Continued From page 5</p> <ul style="list-style-type: none"> - admitted 7/8/16 - diagnoses of: IDD & Schizoaffective disorder - treatment plan dated 12/3/21 with no documentation of unsupervised time <p>During interview on 8/30/22 client #6 reported:</p> <ul style="list-style-type: none"> - have unsupervised time to walk to the store - had to walk with client #2 or #3 <p>During interview on 8/30/22 staff #1 reported:</p> <ul style="list-style-type: none"> - client #2 was the only one with unsupervised time in the community - will walk to the store and back <p>During interview on 8/30/22 the House Supervisor reported:</p> <ul style="list-style-type: none"> - client #2, #3, & #6 had unsupervised time in community <p>During interview on 8/31/22 the QP reported:</p> <ul style="list-style-type: none"> - client #2, #3 & #6 could walk unsupervised to the local store - was not sure of hours in the community without the unsupervised assessment in front of her - she completed the unsupervised assessments & will send them to the Licensee <p>During interview on 8/31/22 the Licensee reported:</p> <ul style="list-style-type: none"> - was not aware any clients had unsupervised time in the community - will follow up with the QP 	V 290		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or</p>	V 291		

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V 291	<p>Continued From page 6</p> <p>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 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 with other qualified professionals for 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 8/30/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/17/22 - diagnoses of Schizophrenia, Hyperlipidemia, Intellectual Developmental Disorder and Sleep 	V 291		

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V 291	<p>Continued From page 7</p> <p>Apnea</p> <ul style="list-style-type: none"> - FL2 dated 1/19/22 CPAP (continuous positive airway pressure) at bedtime <p>During interview on 8/30/22 the House Supervisor reported:</p> <ul style="list-style-type: none"> - the CPAP machine was discontinued years ago - client #4 refused to use the CPAP machine - was unable to locate the discontinue order for the CPAP machine <p>During interview on 8/31/22 the Licensee reported:</p> <ul style="list-style-type: none"> - the CPAP was discontinued - will have staff to get discontinue order from the physician's order 	V 291		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure level II incident reports were completed within 72 hours and submitted to the Local Management Entity/Managed Care Organizations (LME/MCO). The findings are:</p> <p>During interview on 8/26/22 & 8/30/22 the House Supervisor reported:</p> <ul style="list-style-type: none"> - client #1 walked away from the facility in May 2022 & June 2022 	V 367		

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V 367	<p>Continued From page 10</p> <ul style="list-style-type: none"> - during the June 2022 incident she kicked out her bedroom window and left - the police was called during both incidents <p>During interview on 8/31/22 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - aware of one time the police was called - client #1 kicked out her bedroom window and walked down the street - the police was called - unsure of the date it happened - was responsible for incident reports - incident reports were not completed <p>During interview on 8/31/22 the Licensee reported:</p> <ul style="list-style-type: none"> - the QP was responsible for incident reports being completed 	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility was not maintained in a safe manner. The findings are:</p> <p>Review on 8/26/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/17/21 	V 736		

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V 736	<p>Continued From page 11</p> <ul style="list-style-type: none"> - diagnoses of Intellectual Developmental Disability (IDD), Diabetes and Bipolar <p>Review on 8/26/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/30/14 - diagnoses of Mild IDD & Mood disorder <p>A. Observation on 8/26/22 at 12:00pm of client #1's bedroom window revealed:</p> <ul style="list-style-type: none"> - side by side windows - staff attempted to lift both windows several times - 4 black nails prevented both windows from opening <p>During interview on 8/30/22 client #1 reported:</p> <ul style="list-style-type: none"> - she went out her bedroom window & walked to the store - could not recall when - when asked why there were nails in her bedroom window, she remained quiet & did not answer <p>B. Observation on 8/26/22 at 12:07pm of client #2's bedroom window revealed:</p> <ul style="list-style-type: none"> - side by side windows - staff attempted to lift both windows several times - 4 black nails prevented both windows from opening <p>During interview on 8/26/22 client #2 reported:</p> <ul style="list-style-type: none"> - client #1 kicked out her (client #1) bedroom window and left the facility - she (client #2) went into the hospital after the incident for unrelated reasons other than the incident with client #1 - when she returned from the hospital, staff had switched her into client #1's bedroom - she noticed nails in the bedroom window 	V 736		

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V 736	<p>Continued From page 12</p> <p>when she moved into client #1's bedroom</p> <ul style="list-style-type: none"> - "I want the nails out and will speak with [House Supervisor]" (HS) - she had not eloped from the facility & could not understand why her window was nailed shut "I'm good" <p>C. Observation on 8/26/22 at 1:20pm revealed:</p> <ul style="list-style-type: none"> - maintenance personnel arrived to the facility - used a drill to remove the nails out of the bedroom windows <p>During interview on 8/26/22 maintenance personnel reported:</p> <ul style="list-style-type: none"> - received a call from "someone" about a month ago to put nails in client #1 & #2's bedroom windows - "seems like it was due to a person kept leaving the facility" <p>During interview on 8/30/22 the HS reported:</p> <ul style="list-style-type: none"> - client #1 kicked out her bedroom window in June 2022 & left the facility - she knew the window had been replaced but was not aware nails were in the window sills <p>During interview on 8/30/22 client #1's 1:1 worker reported:</p> <ul style="list-style-type: none"> - was not aware client #1 had nails in her bedroom window - client #1 switched bedrooms to be closer to the staff's bedroom <p>During interview on 8/31/22 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - aware client #1 kicked out her bedroom window - was not aware there were nails in the window sills that prevented the window from lifting - "you cannot put nails in the windows, it may 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/31/2022
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NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME- 6	STREET ADDRESS, CITY, STATE, ZIP CODE 8936 NC HIGHWAY 96 SOUTH BENSON, NC 27504
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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 736	<p>Continued From page 13</p> <p>be a fire and the client couldn't get out"</p> <ul style="list-style-type: none"> - the Licensee was notified if any repairs were needed to the facility & she contacted maintenance <p>During interview on 8/31/22 the Licensee reported:</p> <ul style="list-style-type: none"> - she contacted maintenance to repair client #1's bedroom window - was not aware he put nails in client #1 & #2's bedroom windows - was in the process of an investigation to determine how client #1 & #2's bedroom windows were nailed shut <p>Review on 8/26/22 of the facility's Plan of Protection dated 8/26/22 and written by the Licensee revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? The nails that stopped the windows from opening up was immediately removed today 8/26/22."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Describe your plans to make sure the above happens. The windows in the house will be checked every month to ensure compliance by staff on duty. Staff will be trained to check that the windows in the rooms are able to open and close. The administrator or house supervisor will check quarterly to ensure compliance."</p> <p>Client #1 & #2 were admitted to the facility with diagnoses of IDD, Bipolar & Mood Disorder. Client #1 kicked out her bedroom window and eloped from the facility in June 2022. Her bedroom window was nailed shut after this incident. She later switched bedrooms with client #2. Once she was moved in this bedroom, these</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/31/2022
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NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME- 6	STREET ADDRESS, CITY, STATE, ZIP CODE 8936 NC HIGHWAY 96 SOUTH BENSON, NC 27504
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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 736	Continued From page 14 windows were nailed shut. It could not be determined who gave instructions to nail the bedroom windows shut. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$500.00 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 736		