

PRINTED: 09/06/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/31/2022
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NAME OF PROVIDER OR SUPPLIER CARPENTER-FLETCHER ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1119 CARPENTER FLETCHER ROAD DURHAM, NC 27713
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 31, 2022. Deficiencies were cited.</p> <p>This 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 5 and currently has a census of 5. 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	<p><i>See attached</i></p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Elizabeth Scott, Executive Director
TITLE
Executive Director
(X6) DATE
9/21/22

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If continuation sheet 1 of 13

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By DHSR Mental Health Licensure & Certification at 9:25 am, Sep 27, 2022

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V 118	Continued From page 1 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the Medication Administration Record (MAR) current affecting three of three audited clients (Client #1, Client #2 and Client #3). The findings are: Review on 8/30/22 of Client #1's record revealed: -Admission date of 10/13/00. -Diagnoses of Mild Mental Retardation, Fetal Alcohol Syndrome, Asthma, Psychosis and Systolic Heart Murmur. Review on 8/30/22 of physician's order for Client #1 revealed: -Order dated 8/16/22 for Escitalopram 20 milligrams (mg), one tablet in the morning; Daily-VITE, one tablet daily; Aripiprazole 2mg, take 0.5 (1mg) daily; Symbicort 80-4.5mcg, inhale two puffs twice daily; Metformin HCL 500mg, one tablet two times daily; Risperidone 2mg, one tablet at bedtime; Divalproex SOD DR 250mg, one tablet at bedtime; Montelukast SOD 10mg, one tablet every night at bedtime; Divalproex SOD DR 500mg, two tablets at bedtime; Cetirizine HCL 10mg, one tablet daily and Clotrimazole 1% Cream, apply to feet two times daily.	V 118			

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V 118	<p>Continued From page 2</p> <p>Review on 8/30/22 of the August MAR for Client #1 revealed:</p> <ul style="list-style-type: none"> -Staff had signed for times and dates that had not yet happened. - Escitalopram signed for 8/31 morning dose -Daily-VITE signed for 8/31 morning dose -Aripiprazole signed for 8/31 morning dose -Symbicort signed for 8/30 evening dose and 8/31 morning and evening dose. -Metformin signed for 8/30 evening dose and 8/31 morning and evening dose. -Risperidone signed for 8/30 evening dose and 8/31 morning and evening dose. -Divalproex 250mg signed for 8/30 evening dose and 8/31 evening dose. -Montelukast signed for 8/30 evening dose and 8/31 evening dose. -Divalproex 50mg signed for 8/30 evening dose and 8/31 evening dose. -Cetirizine signed for 8/31 morning dose -Clotrimazole signed for 8/30 evening dose and 8/31 morning and evening dose. <p>Review on 8/30/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 9/25/13. -Diagnoses of Anxiety Disorder, Major Depressive disorder, Moderate Mental Retardation, Gastroesophageal Reflux Disease (GERD), Hypertension and Hyperlipidemia. <p>Review on 8/30/22 of physician's order for Client #2 revealed:</p> <ul style="list-style-type: none"> -Order dated 8/2/22 for Buspirone HCL 15mg, one tablet twice a day; Citalopram 20mg, one tablet daily; Omeprazole DR 20mg, one capsule daily; Levothyroxine 25mg, one tablet daily and Losartan Potassium 100mg, one tablet daily; <p>Review on 8/30/22 of the August MAR for Client #2 revealed:</p>	V 118			

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V 118	Continued From page 3 -Staff had prematurely signed for times and dates that had not yet happened. -Buspirone signed for 8/30 evening dose and 8/31 morning and evening dose. -Citalopram signed for 8/31 morning dose. -Omeprazole signed for 8/31 morning dose. -Levothyroxine signed for 8/31 morning dose. -Losartan Potassium signed for 8/31 morning dose. Review on 8/30/22 of Client #3's record revealed: -Admission date of 2/15/06. -Diagnoses of Down Syndrome, Mild Mental Retardation, Hypothyroidism, Sleep Apnea, Varicose veins in legs, Gastro-esophageal reflux disease without esophagitis and experiences edema. Review on 8/30/22 of physician's order for Client #3 revealed: - Order dated 8/2/22 for Memantine HC 10mg, one tablet twice a day; Simvastatin 10mg, one tablet every night; Calcium 500 Plus D3, one tablet in the evening; Men's Multivitamin, one tablet daily; Donepezil HCL 10mg, one tablet in the morning; Levothyroxine 137mcg, one tablet daily 30-60 minutes before breakfast on an empty stomach with water and Bupropion HCL XL 300mg, one tablet in the morning. Review on 8/30/22 of the August MAR for Client #3 revealed: -Staff had prematurely signed for times and dates that had not yet happened. -Memantine signed for 8/31 morning dose. -Simvastatin signed for 8/30 evening dose and 8/31 evening dose. -Calcium 500 Plus D3 signed for 8/30 evening dose and 8/31 evening dose. -Multivitamin signed for 8/31 morning dose.	V 118		

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V 118	Continued From page 4 -Donepezil signed for 8/31 morning dose. -Levothyroxine signed for 8/31 morning dose. -Bupropion signed for 8/31 morning dose. Interview on 8/31/22 with the Group Home Manager revealed: -His work schedule was nine days on and nine days off. -He had completed Medication Administration training upon hire. -Confirmed he had not signed the MARS daily as trained. Interview on 8/30/22 with the Qualified Professional revealed: -Staff was trained in Medication Administration training upon hire. -Staff was aware to only sign for the time they administer the medication. -He will speak with the staff regarding the error.	V 118			
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121			

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V 121	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to obtain drug regimen reviews every six months for three of three audited clients (Client #1, Client #2 and Client #3) who received psychotropic drugs. The findings are: Review on 8/30/22 of Client #1's record revealed: -Admission date of 10/13/00. -Diagnoses of Mild Mental Retardation, Fetal Alcohol Syndrome, Asthma, Psychosis and Systolic Heart Murmur. -Physician order dated 8/16/22 for Escitalopram 20 milligrams (mg) (Depression/Anxiety), one tablet in the morning, Aripiprazole 2mg (Psychosis), one tablet daily and Risperidone 2mg (Psychosis), one tablet at bedtime -There was no evidence of a current drug regimen review completed within the last six months for Client #1. Review on 8/30/22 of Client #2's record revealed: -Admission date of 9/25/13. -Diagnoses of Anxiety Disorder, Major Depressive disorder, Moderate Mental Retardation, Gastroesophageal Reflux Disease (GERD), Hypertension and Hyperlipidemia. -Physician order dated 8/2/22 for Buspirone HCL 15mg, one tablet twice a day and Citalopram 20mg, one tablet daily. -There was no evidence of a current drug regimen review completed within the last six months for Client #2. Review on 8/30/22 of Client #3's record review revealed: -Admission date of 2/15/06.	V 121		

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V 121	Continued From page 6 -Diagnoses of Down Syndrome, Mild Mental Retardation, Hypothyroidism, Sleep Apnea, Varicose veins in legs. Gastro-esophageal reflux disease without esophagitis and experiences edema. -Physician order dated 9/28/21 for Bupropion HCL 300mg (Depression), one tablet in the morning. -There was no evidence of a current drug regimen review completed within the last six months for Client #3. Interview on 8/31/22 with the Qualified Professional revealed: -The Drug Therapy Assessment was the form they used to review medications every six month. -He had not completed any of the Drug Therapy Assessments due to other tasks on his plate. -He confirmed he had not completed the drug regimen reviews for client #1, Client #2 and Client #3 within the last six months.	V 121			
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131			

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V 131	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting one of four audited staff (Staff #2). The findings are:</p> <p>Review on 8/31/22 of Staff #2's personnel file revealed: -Hire date of 2/20/13. -The HCPR check was completed 3/1/13. -No evidence the HCPR check was completed prior to employment.</p> <p>Interview on 8/31/22 with the Assistant Director revealed: -Human Resources was responsible for completing HCPR checks. -She confirmed the HCPR check for Staff #2 was not completed prior to hire.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for</p>	V 133		

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V 133	Continued From page 8 less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank	V 133		

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V 133	Continued From page 9 may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after	V 133			

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V 133	Continued From page 10 consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A,	V 133		

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V 133	Continued From page 11 Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five	V 133		

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/31/2022
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NAME OF PROVIDER OR SUPPLIER CARPENTER-FLETCHER ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1119 CARPENTER FLETCHER ROAD DURHAM, NC 27713
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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 133	<p>Continued From page 12</p> <p>business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 4; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the state and national criminal record check was ordered within five business days of making the conditional offer of employment for one of four audited staff (Staff #2). The findings are:</p> <p>Review on 8/31/22 of Staff #2's personnel file revealed: -Hire date of 2/20/13. -The criminal record check was ordered 3/4/13. -No evidence the criminal record check was ordered within five business days of making the conditional offer of employment.</p> <p>Interview on 8/31/22 with the Assistant Director revealed: -Human resources was responsible for ordering the criminal record check. -The staff are not placed in the home to work as they are in training for a least two weeks after hire date. -Confirmed the criminal check was not completed within the five business days of making the conditional offer of hire.</p>	V 133		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL032-264	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/31/2022
NAME OF FACILITY CARPENTER-FLETCHER ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1119 CARPENTER FLETCHER ROAD DURHAM, NC 27713	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0500 Reg. # 27D .0101(a-e) LSC	Correction Completed 08/31/2022	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 9-8-2022	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/10/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Durham County Community Living Programs, Inc.

Post Office Box 51159
Durham, N.C. 27717-1159
(919) 489-0682

Carpenter Fletcher Road Group Home
MHL # 032-264

Plan of Correction to Survey Completed 8/31/2022

I am submitting this Plan of Correction a few days beyond the 10-day requirement due to our shortage of staff, and the fact that I was working directly with one of our consumers for several days last week. I received the survey in my email inbox on 9/8/22. I responded as quickly as I was able, and will work to be timelier in the future.

V118 27G .0209(c) Medication Requirements:

To Correct the Deficiency: The QDDP over Carpenter Fletcher Road Group Home took responsibility for this error. Essentially, the explanation was that somehow, they got confused on the date, thinking that they had missed signing for the medications, so they corrected what they thought was a mistake, only to be actually making the mistake. The QDDP understood and took responsibility for this error.

To Prevent the Deficiency from Occurring Again: All staff are training on the six rights of medication administration, which includes the right documentation. The QDDP is responsible for monitoring the MAR's throughout the month to make sure they are being completed per regulation. This was reviewed with this QDDP, and will be reviewed with all Managers and QDDP's at our upcoming staff meeting.

Who will Monitor: The QDDP is responsible for monitoring the MAR's at least monthly, but more often as needed to make sure that all staff are in compliance with Medication regulations and requirements.

How Often the Monitoring will Take Place: The QDDP is responsible for monitoring the MAR's at least monthly, but more often as needed to make sure that all staff are in compliance with Medication regulations and requirements.

V 121 27G .0209 (f) Medication Requirements:

To Correct the Deficiency: The QDDP at the home has verified that all medication reviews have been completed as required, or are in process.

To Prevent the Deficiency from Occurring Again: The group home managers and the QDDP's are receiving retraining/reminders to follow our policies and procedures regarding medication reviews to occur every six months. I am meeting with all staff to ensure that they understand the policies and procedures, that it is their responsibility to know which medications are

psychotropic, to schedule and follow through that reviews occur as required. We are reviewing this with all responsible staff at our upcoming staff meeting. We have a peer review process in place during which the consumer files at each home are reviewed to assure quality and conformation to regulations. Medication review is one of the items checked during the peer review process.

Who will Monitor: The group home managers will list the dates that these six month reviews are due, and they will put them on the calendar at the home and schedule the appointments as required. The QDDP of the home will turn in to the Assistant Director a list of when 6 month reviews are due for each of her consumers (FL-2's and Drug Therapy Assessments). She will calendar these and monitor to make sure that they occur. The Assistant Director, who is the lead person during the peer review process will monitor randomly twice per year to be sure that the medication reviews are occurring as required.

How Often the Monitoring will Take Place: The group home managers will review their calendar monthly to make sure that any review appointments are scheduled. The QDDP will monitor to make sure that they occur, and the Assistant Director will verify this randomly during supervisions with the QDDP and twice per year during the peer review process.

V131 GS 131E-256(D2) HCPR

V133 GS122C-80 Criminal History Record Check:

We strongly object to these two deficiencies, as was explained to the surveyors when they were here. First of all, this occurred 9 years ago, so to cite us in a current survey for something that occurred 9 years ago seems inappropriate, especially given that this chart has been reviewed other times in those nine years.

In addition, four charts were reviewed, and this was the only issue with all personnel and training requirements; clearly this is not a trend that deserved citation.

Furthermore, the surveyor did not document that the Assistant Director explained that this is an issue of verbiage, rather than not meeting the requirement. This staff was interviewed and offered potential employment on a contingency basis, with the stipulation that all background checks and reference come back clear, and that he is able to pass all required training. This is a common practice across this field and others. He was not hired and expected to start work on the date listed as the hire date, 2/20/2013. He interviewed on that date and we began preliminary paperwork. He worked, and continues to work, as a full-time job as a probation officer. Due to his part-time availability, he did not complete training until April 30, 2013 as evidenced by training logs, a full 59 and 56 days respectively AFTER completion of the HCPR check and Criminal Check. He did not start working every other weekend providing direct care until AFTER that April 30, 2013 date. I do not believe this is a valid citation based on the facts that were explained to the surveyors, and based on the Assistant Director's efforts to explain the dates and verbiage to them. Those same facts are explained above.

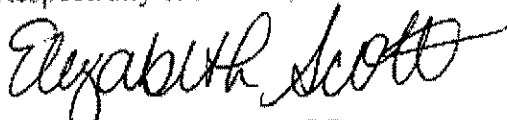
To Correct the Deficiency: This is not correctable since it occurred 9 years ago.

To Prevent the Deficiency from Occurring Again: We have policies and procedures in place requiring that potential staff complete all required records checks and training prior to the start of official employment as a direct care staff.

Who will Monitor: Human Resources.

How Often the Monitoring will Take Place: Upon offer of contingent employment as needed thereafter.

Respectfully submitted,



Elizabeth Scott, BS, QDDP
Executive Director
September 24, 2022

Durham County Community Living Programs, Inc.
P.O. Box 51159 Durham, NC 27717-1159
(919) 489-0682

Fax

To: DHR

From: Elizabeth Scott
Extension #: 24

Fax: (919) 715-8078

Pages: 20 (including cover)

Phone:

Date: 9/26/22

Re: Inspection Response CC:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

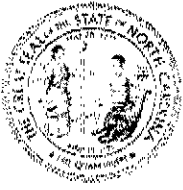
● Comments:

I am faxing these because they are late. I apologize for their lateness. The originals will go out in the mail tomorrow.

Thank you! Elizabeth

Carpenter Fletcher Road Group Home

This fax, including any attachments, is for the sole use of the sender and intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply fax or telephone and destroy all copies of the original message.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

September 8, 2022

Elizabeth Scott
Durham County Community Living Programs, Inc.
PO Box 51159
Durham, NC 27717

Re: Annual and follow up Survey completed August 31, 2022
Carpenter–Fletcher Road Group Home, 1119 Carpenter Fletcher Road, Durham,
NC, 27713
MHL # 032-264
E-mail Address: ewscott@dcclp.org

Dear Ms. Scott:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed August 31, 2022.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- The re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is September 30, 2022.

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/dhser • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 7, 2022
Carpenter-Fletcher Road Group Home
Durham County Community Living Programs, Inc.

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is October 30, 2022.

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.

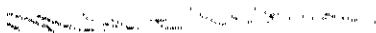
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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

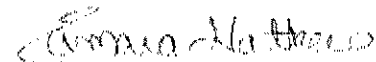
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,



Melba Ware
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Tamara Gathers
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

September 7, 2022
Carpenter-Fletcher Road Group Home
Durham County Community Living Programs, Inc.

Cc: DHSR@Alliancebhc.org
Pam Pridgen, Administrative Supervisor