

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-356	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2022
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NAME OF PROVIDER OR SUPPLIER THE DEPASCALE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 MEADOW WAY DRIVE DALLAS, NC 28034
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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 survey was completed on October 14, 2022. A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which</p>	V 289		

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

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V 289	<p>Continued From page 1</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility was not maintained as a</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>private residence affecting 3 of 3 clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 10/6/22 and 10/11/22 of Client #1's record revealed: -Admitted on 3/4/21; -Diagnosed with Moderate Intellectual Developmental Disability (IDD), Autism, Anxiety Disorder, History of Constipation.</p> <p>Review on 10/6/22 and 10/11/22 of Client #2's record revealed: -Admitted on 3/4/21; -Diagnosed with Moderate IDD, Autism.</p> <p>Review on 10/6/22 and 10/11/22 of Client #3's record revealed: -Admitted on 5/1/21; -Severe IDD, Epilepsy, Cerebral Palsy, Cortical Blindness.</p> <p>Review on 10/11/22 of the Alternative Family Living (AFL) Provider's record revealed: -Hired 3/4/21.</p> <p>Review on 10/11/22 of the back-up AFL Provider's record revealed: -Hired 10/8/22.</p> <p>Review on 10/11/22 of the Qualified Professional's (QP) record revealed: -Hired 8/26/19.</p> <p>Interviews on 10/11/22 with Clients #1, #2, #3 were unsuccessful. Clients #1 and #3 had limited verbal communication skills. Client #2 refused interview.</p> <p>Interview on 10/11/22 with AFL Provider revealed: -The back-up AFL Provider lives in a separate</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>apartment in the facility; -The apartment has its own entrance; -The facility is not zoned as a two-family structure by the town.</p> <p>Interview on 10/11/22 with back-up AFL Provider revealed: -Lived in a separate apartment in the garage since last year (2021).</p> <p>Interviews on 10/11/22 with the QP revealed: -Assumed responsibility for the facility approximately two weeks ago and had not yet visited the facility; -Not sure if the back-up AFP Provider lived in an apartment in the facility and not sure if the facility was zoned as a two-family structure by the town.</p> <p>Observation on 10/11/22 at approximately 4:15pm-4:40pm of the facility revealed: -Finished apartment located in the original garage which included living room, bedroom, and bathroom.</p>	V 289		