

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-955	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2022
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NAME OF PROVIDER OR SUPPLIER VICTORY HEALTHCARE SERVICES 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1421 PJ FARMS LANE RALEIGH, NC 27603
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 12/5/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</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 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>A. Record review on 12/1/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/1/18 - diagnoses of Schizoaffective Disorder, Hypertension, Diabetes, Hypothyroidism, Vitamin D deficiency & Hyperlidemia - a FL2 dated 7/1/22: check blood sugar (BS) daily <p>B. Record review on 12/1/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/2/18 - diagnosis of Depressive Disorder, Diabetes Mellitus Type II & Hypertension - a FL2 dated: 2021: check BS twice a day & Glimepiride 2mg daily (diabetes) <p>During interview on 10/31/22 staff #1 reported:</p> <ul style="list-style-type: none"> - she checked both clients BS <p>During interview on 12/5/22 the Licensee reported:</p> <ul style="list-style-type: none"> - the CLIA waiver expired - would contact the appropriate officials to obtain the CLIA waiver 	V 105		

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V 112 V 112	Continued From page 3 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement goals and strategies for 2 of 3 audited clients (#4 & #5). The	V 112 V 112		

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V 112	Continued From page 4 findings are: Record review on 12/1/22 of client #4's record revealed: - admitted 7/2/18 - diagnosis of Depressive Disorder, Diabetes Mellitus Type II & Hypertension - a treatment plan dated 2/23/19 Record review on 12/1/22 of client #5's record revealed: - admitted 1/1/18 - diagnoses: Schizophrenia, Vitamin D deficiency & Anxiety - a treatment plan dated 11/28/18 During interview on 12/2/22 the Licensee reported: - due to the pandemic, clients were not in program until this year - the current treatment plans were at the day program - had not picked up the treatment plans	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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.	V 114		

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V 114	<p>Continued From page 5</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 and disaster drills were completed quarterly & on each shift. The findings are:</p> <p>Review on 10/31/22 of the fire and disaster drills revealed:</p> <ul style="list-style-type: none"> - a fire drill completed on 1/7/22 & 1/21/22 <p>During interview on 10/31/22 client #3 reported:</p> <ul style="list-style-type: none"> - been at facility 20 years - been awhile since practiced a fire drill - have not completed a disaster drill <p>During interview on 12/2/22 client #4 reported:</p> <ul style="list-style-type: none"> - been at the facility 4 years - do not recall a disaster drill <p>During interview on 12/2/22 staff #2 reported:</p> <ul style="list-style-type: none"> - she have not conducted a disaster drill <p>During interview on 10/31/22 the Licensee reported:</p> <ul style="list-style-type: none"> - he would ensure the fire & disaster drills were completed 	V 114		
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</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</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 ensure medications were administered on the written order of a physician for 1 of 3 audited clients (#4). The facility also failed to ensure medications were administered by staff trained by a registered nurse, pharmacist or</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>legally qualified person for 1 of 2 audited staff (#2). The findings are:</p> <p>A. Record review on 12/1/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 7/2/18 - diagnosis of Depressive Disorder, Diabetes Mellitus Type II & Hypertension - a FL2 dated 2021 & a physician's order dated 11/11/22: Lyrica 75mg (milligrams) daily (pain) <p>Observation on 12/1/22 at 1:37pm of client #4's medication box revealed:</p> <ul style="list-style-type: none"> - the medication Lyrica <p>Review on 12/1/22 of the November 2022 MAR for client #4 revealed:</p> <ul style="list-style-type: none"> - client refused Lyrica the entire month <p>During interview on 12/1/22 staff #2 reported:</p> <ul style="list-style-type: none"> - client refused the medication, Lyrica - made her dizzy - the physician was aware of her refusals <p>During interview on 12/1/22 the Licensee reported:</p> <ul style="list-style-type: none"> - will have him document her refusals <p>B. Record review on 12/5/22 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - hire date: August 2022 <p>During interview on 12/2/22 staff #2 reported:</p> <ul style="list-style-type: none"> - fill in staff since August 2022 - filled in for staff #1 since October 31, 2022 - worked in facilities out of State - received her medication training out of State <p>During interview on 12/5/22 the Licensee reported:</p>	V 118		

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V 118	Continued From page 8 - could not locate staff #2's medication training - if he could not locate it, would have her retrained	V 118		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (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. (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 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	V 133		

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V 133	<p>Continued From page 9</p> <p>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 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.</p> <p>(c) Action. - If an applicant's criminal history</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>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 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.</p> <p>(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:</p> <ol style="list-style-type: none"> (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. 	V 133		

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V 133	Continued From page 11 (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, 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	V 133		

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V 133	<p>Continued From page 12</p> <p>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.</p> <p>(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.</p> <p>(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:</p> <p>(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.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 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 review and interview the facility failed to ensure a National criminal history record check was completed for 1 of 2 audited staff (#2) that had been a resident of the State for less than 5 years. The findings are:</p> <p>Record review on 12/5/22 revealed:</p>	V 133		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-955	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2022
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NAME OF PROVIDER OR SUPPLIER VICTORY HEALTHCARE SERVICES 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1421 PJ FARMS LANE RALEIGH, NC 27603
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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 13</p> <ul style="list-style-type: none"> - hire date: August 2022 - State criminal check: 10/24/22 <p>During interview on 12/2/22 staff #2 reported:</p> <ul style="list-style-type: none"> - moved from out of State - fill in staff since August 2022 <p>During interview on 12/5/22 the Licensee reported:</p> <ul style="list-style-type: none"> - was not sure how long staff #2 been in North Carolina - will complete a National criminal history check 	V 133		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure water temperatures were maintained between 100-116. The findings are:</p> <p>Observation on 10/31/22 at 2:31pm of the facility's water temperatures (temp) revealed:</p> <ul style="list-style-type: none"> - kitchen sink - 125 - client #1 & #2 bathroom's water temp was 120 - hallway bathroom sink was 118 	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-955	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2022
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NAME OF PROVIDER OR SUPPLIER VICTORY HEALTHCARE SERVICES 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1421 PJ FARMS LANE RALEIGH, NC 27603
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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 752	<p>Continued From page 14</p> <ul style="list-style-type: none"> - client #3 & #6 bath water temp was 119 <p>Observation on 10/31/22 at 3:22pm revealed:</p> <ul style="list-style-type: none"> - staff used a meat thermometer to check the water temperatures <p>During interview on 10/31/22 staff #1 reported:</p> <ul style="list-style-type: none"> - she checked water temp daily <p>During interview on 10/31/22 the Licensee reported:</p> <ul style="list-style-type: none"> - he purchased a water thermometer - he could not located it - would purchase another water thermometer 	V 752		