Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		С	
		MHL032-243	B. WING		1	0/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOUSE	OF CARE, INC		E ELTON RO NC 27713	DAD		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	A complaint survey was completed on December 20, 2022. The complaint was substantiated (Intake #NC00195556). Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities					
		ed for 3 beds and currently The survey sample consisted nt clients.				
V 113	27G .0206 Client R	ecords	V 113			
	10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL032-243	B. WING			C 2 0/2022
NAME OF 1			DDEGG OUTV	NTATE 710 0005		0,2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOUSE	OF CARE, INC		E ELTON RO , NC 27713	DAD		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	*OPRIATE	DATE
V 113	(7) documentation of (8) documentation of (9) if applicable: (A) documentation of diagnosis according of Diseases (ICD-9-(B) medication order (C) orders and copi (D) documentation administration error (b) Each facility sharelative to AIDS or ronly in accordance	m a hospital or physician; of services provided; of progress toward outcomes; of physical disorders g to International Classification -CM); ers; es of lab tests; and	V 113			
	facility failed to ensuland up to date for the (#1, #2 and #3). The Review on 12/20/22 revealed: -Admission date of -Diagnoses of Mild Oppositional Defian Hyperactivity Disord Translocation, Seas History of Asthma, and Methicillin-resist (MRSA)Treatment plan date	views and interview, the ure records were completed have of three audited clients he findings are: 2 of Client #1's record 10/2022. Mental Retardation; ht Disorder, Attention Deficit der, Chromosomal sonal Allergies, Mild Acne, History of Staph infections stant Staphylococcus aureus				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURV COMPLETED	
				С		
		MHL032-243	B. WING		12/2	0/2022
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOUSE	OF CARE, INC		E ELTON RO , NC 27713	JAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 113	Continued From page 2 toward outcomes (Grid notes) from 12/16/22 to 12/20/22. Review on 12/20/22 of Client #2's record revealed: -Admission date of 3/15/21Diagnoses of Severe Intellectual and Developmental Disabilities; Cerebral Palsy; Neurogenic Bladder; Osteoporosis; Hand ContracturesTreatment Plan dated 1/1/22There was no daily documentation of progress toward outcomes (Grid notes) from 12/16/22 to 12/20/22. Review on 12/20/22 of Client #3's record revealed: -Admission date of 2003Diagnoses of Mixed Hyperlipidemia; Hype 2 Diabetes Mellitus; Autism; Hyperoxaluria; Iron Deficiency AnemiaTreatment Plan dated -There was no daily documentation of progress toward outcomes (Grid notes) from 12/16/22 to 12/20/22. Interview on 12/20/22 with Staff #4 revealed: -He had been at the house for about a monthHe had completed the progress notes for the		V 113			
	12/15/22. Interview on 12/20/2-She had taken paper bring to the office a forms after 12/15/2-She acknowledged any other kind of present the second s	22 with the Owner revealed: perwork from the home to not had not brought in the 2. If there were no Grid notes or ogress notes toward Clients all outcomes (Grid notes) from				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL032-243	B. WING		12/2	0/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOUSE (OF CARE, INC		E ELTON RO NC 27713	DAD		
(V4) ID	SI IMMA DV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 113	Continued From pa	ge 3	V 113			
	12/16/22 to 12/20/2	2.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	10A NCAC 27G .02 REQUIREMENTS	09 MEDICATION				
	(c) Medication adm	inistration: non-prescription drugs shall				
	only be administere	d to a client on the written				
	order of a person a drugs.	uthorized by law to prescribe				
		III be self-administered by uthorized in writing by the				
	client's physician.					
		luding injections, shall be y licensed persons, or by				
		trained by a registered nurse, legally qualified person and				
	privileged to prepar	e and administer medications.				
		ministration Record (MAR) of red to each client must be kept				
		s administered shall be ely after administration. The				
	MAR is to include the	•				
	(A) client's name;(B) name, strength,	and quantity of the drug;				
		administering the drug; ne drug is administered; and				
	(E) name or initials	of person administering the				
		for medication changes or				
		orded and kept with the MAR appointment or consultation				
	with a physician.					

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		MHL032-243	B. WING		12/2	0/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOUSE	OF CARE, INC		E ELTON RO , NC 27713	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 4	V 118			
	This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to: A) Ensure medication was available according to the physician order for one of three audited clients (#1 and #3); B) Ensure the Medication Administration Record (MAR) was kept current affecting three of three audited clients (#1, #2 and #3); C) to have updated physician orders for administered medications affecting one of three audited clients (#1.) and D) Ensure medications were being 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 affecting two of three clients (#1 and #2.) The findings are: Review on 12/20/22 of Client #1's record revealed: -Admission date of 10/2022Diagnoses of Mild Mental Retardation; Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Chromosomal Translocation, Seasonal Allergies, Mild Acne, History of Asthma, History of Staph infections and Methicillin-resistant Staphylococcus aureus (MRSA). Review on 12/20/22 of Client #1's physician's orders dated 10/20/22 revealed: -Aripiprazole 30 milligrams (mg), one tablet dailyDivalproex Sodium 500 mg, one tablet daily in the morningHydroxyzine 50 mg, one tablet in the morning, 1 tablet @ 2pm and 1 tablet in the					

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evening (4 pm).

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						`
		MHL032-243	B. WING		1	0/2022
		WII 12032-243			12/2	.0/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOUGE	OF CARE INC	5800 LAK	E ELTON RO	DAD		
HOUSE	OF CARE, INC	DURHAM	NC 27713			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				BEI IOIEINOT)		
V 118	Continued From pa	ge 5	V 118			
	Ponztronino 1	ma and tablet twice a day				
		mg, one tablet twice a day. mg, one tablet in the morning,				
		Take 2 tablets at noon as				
	needed for agitation					
		ers available for the following				
	medications:	or a valiable for the following				
		mg, one tablet daily.				
		g, one tablet daily.				
		0 mg, one tablet daily.				
		og, ee tazzet aay.				
	Observation on 12/2	20/22 at 10:40 am of Client				
	#1's medications re	evealed:				
	-Aripiprazole 30 (m	g)- medication as available.				
	-Divalproex Sodium	500 mg- medication was				
	available.					
		g- medication was available.				
		medication was available.				
		medication was available.				
		medication was not available.				
		nedication was not available.				
		g- medication was not				
	available.					
	Daviou on 12/20/20	2 of Client #1's MARs for				
		igh December 2022 revealed				
	blanks on the follow	•				
	-Aripiprazole 30 (m					
	-Divalproex Sodium					
		g- 12/20 at 8:00 am.				
	-Benztropine 1 mg-					
	-Haloperidol 2 mg- 12/20 at 8:00 am. -Loratadine 10 mg- 12/20.					
	-Losartan 25 mg- 12/20.					
	-Montelukast 10 mg					
		2 of Client #2's record				
	revealed:					
	-Admission date of					
	-Diagnoses of Seve					
	Developmental Disa	abilities; Cerebral Palsy;				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MULTIDI	E CONSTRUCTION	(X3) DATE	QLIDV/EV
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. DOILDING.		0	
		MHL032-243	B. WING		12/2	: :0/2022
NAME OF	DD0//DED 05 0/:55: :55				1 12/2	UI LULL
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
HOUSE	OF CARE, INC		E ELTON RO NC 27713	JAD		
240.15	CUIMMA DV CTA	<u>.</u>		DDOVIDEDIC DI ANI OF CODDECTIO		()(5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				DEI IGIENOT)		
V 118	Continued From pa	ge 6	V 118			
	Neurogenic Bladde	r; Osteoporosis; Hand				
	Contractures.					
	Review on 12/20/22	2 of Client #2's physician's				
	orders revealed:	2 of Oliche #2 3 physician 3				
	Orders dated 4/20/2	22:				
		0 mg, one capsule daily.				
	Orders dated 7/18/2					
	each nostril daily.	mcg, Place two sprays in				
		mg, one tablet daily				
		4 mg, one capsule daily.				
	•	00 mg, one capsule in the				
	evening.					
	- i izanidine 4 m	g, one tablet in the evening.				
	Observation on 12/2	20/22 at 9:40 am of Client #2's				
	medications revealed					
	-Omeprazole 20 mg					
	-Fluticasone 50 mc					
	-Meloxicam 15 mg,-Tamsulosin 0.4 mg					
	-Gabapentin 300 m					
	-Tizanidine 4 mg, w					
	D	O COURT HOLDINA D				
		2 of Client #2's MARs for igh December 2022 revealed				
	blanks on the follow	•				
		g- 12/17, 12/18, 12/20.				
		g- 12/17, 12/18, 12/20.				
		12/17, 12/18, 12/20.				
		g- 12/17, 12/18, 12/20.				
	-Gabapentin 300 m -Tizanidine 4 mg- 1					
	neamanto 4 mg- 1	_, , , , , , , , , , , , , , , , , , ,				
	Review on 12/20/22 revealed:	2 of Client #3's record				
	-Admission date of					
		d Hyperlipidemia; Hype 2				
	Diabetes Mellitus; A	Autism; Hyperoxaluria; Iron				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
		MHL032-243	B. WING			C 20/2022
HOUSE OF CARE, INC 5800 LAR			DDRESS, CITY, S KE ELTON RO I, NC 27713	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	able to self adminis Review on 12/20/22 order dated 7/29/22 -Rosavastatin 10 m evening mealAmlodipine Besyla -Ferrous Sulfate 45 Observation on 12/2 #3's medications re -Rosavastatin 10 m -Amlodipine Besyla -Ferrous Sulfate 45 available. Review on 12/20/22 revealed: -Date of hire was 12 -He was hired as a -He did not have a c passing the medical Interview on 12/20/2 -He had been work monthStaff reported that to the clientsHe had not logged Interview on 12/19/2 revealed: -He was in charge of medicationsClient #3 was able medications.	forming that Client #3 was ter his medications. 2 of Client #3's physician's revealed: g, one tablet daily with te 10 mg, one tablet daily. mg, one tablet daily. 20/22 at 10:10 am of Client vealed: g, bottle was empty. te 10 mg, bottle was empty. mg, there were none 2 of Staff #4's personal record	V 118			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SU COMPLE	
		D WING				
		MHL032-243	B. WING		12/2	0/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOUSE	OF CARE, INC	5800 LAK	E ELTON RO	DAD		
HOUSE	OF CARE, INC	DURHAM,	NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 8	V 118			
	revealed: -Regarding blanks aware that there we she presented then review information was responsible for were completed pre-She had assigned administer the med turn over and alway-House manager live the group home an administer the med-Regarding the administer the med-Regarding the administer defection of the conference of the staff at the program by a nurse or a phase-She was not aware medication for the coshe acknowledged Ensure medication physician order for (#1 and #3); B) Ensure medication Recompliated the staff at the program by a nurse or a phase-She was not aware medication for the coshe acknowledged Ensure medication physician order for (#1 and #3); B) Ensure medication Recompliated the staff administered medical audited clients (#1. were being administered nurse, play a present a present a present and the pr	the house manager to only ications due to the high staff is having to train the staff. It was able to come in daily to ications. Ininistration of medications by Staff #4 had been registered to administration class. He had one-service training class from a class was not administered irmacist. If that he had administered clients today in the morning. If that facility failed to: A) was available according to the one of three audited clients sure the Medication ord (MAR) was kept current aree audited clients (#1, #2 and ated physician orders for cations affecting one of three and and D) Ensure medications of the ensed persons trained by a marmacist or other legally disprivileged to prepare and ions affecting two of three				

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