

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2023
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3509 ALLENDALE DRIVE RALEIGH, NC 27604
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 1/13/23. The complaint was substantiated (Intake #NC00195909). 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 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a plan in partnership with the legally responsible person affecting 2 of 3 audited clients (#3, #5). The findings are:</p> <p>Review on 1/11/23 client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 10/1/22 - Diagnoses: Depressive disorder and Brain Injury - Treatment plan dated 10/15/22 did not have a guardian's signature <p>Review on 1/11/23 client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted 1/23/19 - Diagnoses: Schizoaffective disorder, Diabetes and Hypertension - Treatment plan dated 5/27/22 did not have a guardian's signature <p>Interview on 1/13/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - It was hard to get the guardians to come to the treatment meetings - She had to figure out a way to get the guardians to sign the treatment plans - She was previously told that she could mail them to the guardians and keep record of when she mailed them - She would start mailing the treatment plan for signatures 	V 112		

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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 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>	V 367		

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V 367	<p>Continued From page 3</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <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> <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 	V 367		

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V 367	<p>Continued From page 4</p> <p>(a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <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 submitted to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 1/11/23 client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/23/19 - Diagnosis: Schizoaffective disorder <p>Review on 1/11/23 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - Last entry submission for client #5 was 7/24/22 <p>Interview on 1/11/23 staff #1 reported:</p> <ul style="list-style-type: none"> - Been employed about 4 years - Client #5 did go for walks down to the end of the street and back - There was an occasion where police were called because client #5 wouldn't return to the group home - Police made her walk back home - Unsure of when this happened but it was less than 6 months ago - Didn't do an incident report but let the Qualified Professional (QP) know <p>Interview on 1/11/23 & 1/13/23 the QP reported:</p>	V 367		

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V 367	Continued From page 5 - No Level II incidents had been done within the last 6 months - She was notified of client #5 leaving the home and police being called - She was out of town when this happened - This was within the last 2 months - She forgot to do IRIS when she returned from out of town - She was the only one that did IRIS - She had spoken with the Licensee about someone else learning to do IRIS and would follow up with her	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner that was free from offensive odor. The findings are: Observation on 1/11/23 at approximately 11:58am revealed: - Client #1's dresser was missing several knobs - Client #1's sheets on her bed were ripped - Client #2's dresser was missing several	V 736		

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V 736	<p>Continued From page 6</p> <p>knobs</p> <ul style="list-style-type: none"> - Client #3's room had a very heavy urine smell and her trash can was full with soiled disposable undergarments - Client #5's pillow did not have a pillowcase and was stained with brown spots all over it - Client #5's dresser was missing several knobs and had 1 loose and hanging knob - There were numerous empty cigarette packs and soda cans thrown in an area of the backyard <p>Interview on 1/13/23 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - At any given time, the group home could smell like urine - Client #3 had to be reminded to change her disposable undergarments - Client #5 would just put her disposable undergarments on top of her trash can in her room or on top of the downstairs bathroom - The disposable undergarments were to be taken out of the group home when any accidents happened - There was no timeframe established for staff to check if the undergarments were taken out, it was just random checks - They would need to think of another way to make sure the undergarments were being disposed of properly 	V 736		