

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/03/2023
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 3	STREET ADDRESS, CITY, STATE, ZIP CODE 1108 SEABROOK ROAD RALEIGH, NC 27610
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 2/3/23. The complaints were substantiated (Intake #NC00196296 and NC00196038). 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 4 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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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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 3 of 4 audited clients (#1, #2, & #4). The findings are:</p> <p>Review on 1/24/23 client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/26/21 - Diagnoses: Moderate Persistent Asthma, Paranoid Schizophrenia, and Alcohol disorder - Treatment plan dated 7/2/22 did not have a guardian's signature <p>Review on 1/24/23 client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/18/22 - Diagnoses: Schizophrenia and Tobacco Use - Treatment plan dated 6/10/22 did not have a guardian's signature <p>Review on 1/24/23 client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2019 - Diagnosis: Schizophrenia - Treatment plan dated 12/15/22 did not have a guardian's signature <p>Interview on 1/24/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - the QP since Sept. 2017 - visited the group home about twice a month - she reviewed medications, fire drills, 	V 112		

Division of Health Service Regulation

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V 112	Continued From page 2 treatment plans, and admissions/discharges - confirmed no guardians had signed the treatment plans - did not send client #2's guardian the treatment plan for her signature - "it slipped my mind" - had to get better with documenting attempts and phone calls - guardians were not involved in the treatment planning	V 112		
V 113	27G .0206 Client Records 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 emergency care from a hospital or physician;	V 113		

Division of Health Service Regulation

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V 113	<p>Continued From page 3</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain client records that included a signed statement from the legally responsible person granting permission to seek emergency care affecting 3 of 4 audited clients (#1, #2, #4). The findings are:</p> <p>Review on 1/24/23 client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/26/21 - Diagnoses: Moderate Persistent Asthma, Paranoid Schizophrenia, and Alcohol disorder - No signed consent form from the guardian <p>Review on 1/24/23 client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/18/22 - Diagnoses: Schizophrenia and Tobacco Use - No signed consent form from the guardian 	V 113		

Division of Health Service Regulation

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V 113	Continued From page 4 Review on 1/24/23 client #4's record revealed: - Admitted: 2019 - Diagnosis: Schizophrenia - No signed consent form from the guardian Interview on 1/24/23 the Qualified Professional (QP) reported: - been employed since Sept. 2017 - responsible for admission and discharge paperwork - confirmed no guardian signatures were on the consent forms - had not received proof of guardianship for signatures - would need to follow up on obtaining proof of guardianship with the Licensee	V 113		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident.	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 5</p> <p>Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate with other qualified professionals affecting 1 of 4 audited clients (#5) and legally responsible persons who are responsible for the treatment of 3 of 4 audited clients (#1, #2, #4). The findings are:</p> <p>A. Example of not coordinating with legally responsible persons</p> <p>Review on 1/24/23 client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/26/21 - Diagnoses: Moderate Persistent Asthma, Paranoid Schizophrenia, and Alcohol disorder - Proof of guardianship not yet established <p>Review on 1/24/23 client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/18/22 - Diagnoses: Schizophrenia and Tobacco Use - Proof of guardianship not yet established <p>Review on 1/24/23 client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2019 - Diagnosis: Schizophrenia - Proof of guardianship not yet established 	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 6</p> <p>Interview on 1/24/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - been employed since Sept. 2017 - responsible for admission and discharge paperwork - had not received proof of guardianship for client #1, #2, & #4 - had spoken with the Licensee before about establishing guardianship - would need to follow up on obtaining proof of guardianship with the Licensee - it took awhile to go through the court system to have guardianship established <p>B. Not coordinating with other qualified professionals</p> <p>Review on 1/24/23 client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 7/19/22 - Diagnoses: Schizoaffective disorder, Gout, and Hypertension - Own guardian <p>Interview on 1/25/23 client #5's Consumer Support Worker reported:</p> <ul style="list-style-type: none"> - had been working with client #5 since August 2022 - saw him once a month but also talked on the phone regularly - they talked a lot about independent living and what it would look like to live on his own - she worked with client #5 on making connections in the community and advocacy support - believed the group home was trying to delay the process of client #5 getting an assessment to possibly live on his own - she didn't know what a QP was and had never spoken with anyone - they were still waiting on client #5 to get an 	V 291		

Division of Health Service Regulation

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V 291	Continued From page 7 assessment in order to be assigned a transition coordinator to see what type of support he would need on his own Interview on 1/25/23 the QP reported: - knew that client #5 was working with an outside agency - client #5 wouldn't give her any contact information for the person he was working with - they were not trying to intervene with client #5 going through the process of being on his own - she would try and make contact with the consumer support worker today - she would also educate the consumer support worker on the dynamics of a group home and other people she could speak with to coordinate services with a client if she was not successful with staff	V 291		
V 510	27D .0302 Client Rights - Client Self-Governance 10A NCAC 27D .0302 CLIENT SELF-GOVERNANCE In a day/night or 24-hour facility, the governing body shall develop and implement policy which allows client input into facility governance and the development of client self-governance groups. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement their policy which allowed client's input into facility governance and the development of client self-governance groups. The findings are: Review on 1/24/23 of the Client Self Governance policy revealed: - "Consumers will be allowed input into facility	V 510		

Division of Health Service Regulation

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V 510	<p>Continued From page 8</p> <p>governance through monthly house meetings. Consumers will be encouraged to develop client self-governance groups...minutes of each official meeting of the governing body shall be permanently maintained..."</p> <p>Interview on 1/24/23 client #2 reported:</p> <ul style="list-style-type: none"> - been living in the group home since May 2022 - didn't feel like he had a say in what they ate so he just "made due" - there were food items he didn't eat that were being prepared for meals and he just wouldn't eat it <p>Interview on 1/24/23 client #4 reported:</p> <ul style="list-style-type: none"> - been living in the group home for about 3 years - some meals were just enough for 1 serving - if he was still hungry, he would go to the store and get a snack - he didn't say anything to staff, he just ate what was prepared <p>Interview on 1/24/23 client #5 reported:</p> <ul style="list-style-type: none"> - been living in the group home for about 6 months - didn't like the food because the food was terrible - didn't say anything because it wouldn't do anything - staff didn't listen to them <p>Interview on 1/24/23 staff #1 reported:</p> <ul style="list-style-type: none"> - was a live-in staff at the group home - was responsible for taking care of the client's that included feeding them - he did not follow a menu - he just cooked what was in the group home 	V 510		

Division of Health Service Regulation

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V 510	Continued From page 9 Interview on 1/25/23 the Qualified Professional (QP) reported: - there was no menu to follow in the group home - the client's were supposed to have a say in what they ate - she may need to put up a grocery list for the clients to be able to put what they want to eat on it so it could be purchased - there were currently no options for the clients' to make food/meal choices - she would follow up with staff on the client's having say in what they want to eat - she confirmed knowing about the client self-governance policy that was not being followed by staff	V 510		
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 failed to maintain it's grounds in a safe, clean, attractive and orderly manner. The findings are: Observation on 1/25/23 at approximately 12:08pm revealed the following: - small round hole in the wall by the back door	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 10</p> <ul style="list-style-type: none"> - dirt on the floor in the corner of the wall by the back door - dining room chairs are stained and dirty - client #2 has scrapes on his wall behind the top of his bed - client #3's box spring cover was stained and dirty - client #4 had holes and spots on his wall - hole in wall outside of client #6's bedroom <p>Bathroom #1</p> <ul style="list-style-type: none"> - toilet paper holder broken - towel bar missing - 1 out of 3 light bulbs missing <p>Bathroom #2 by client #1 and #4's bedroom</p> <ul style="list-style-type: none"> - paper towel holder broken - towel bar missing - toilet paper holder missing - 1 out of 3 light bulbs not working - bathroom mirror missing under the light fixture but hardware still in the walls - area between wall and sink loose and caulk coming apart <p>Interview on 1/25/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - the dining room chairs were only about a year or 2 old - the seat covers had been changed at least once - she would speak with the Administrator about a new dining room set - she would follow up with the Administrator on the other repairs <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

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V 752 V 752	Continued From page 11 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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. 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 degrees Fahrenheit. The findings are: Observation on 1/25/23 at approximately 12:08pm revealed the following: - kitchen sink was 94 degrees - bathroom #1 was 96 degrees - bathroom #2 was 94 degrees Interview on 1/25/23 the Qualified Professional reported: - she would have maintenance turn up the water to the State approved temperature - she didn't realize it was that low	V 752 V 752		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed	V 774		

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V 774	<p>Continued From page 12</p> <p>prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide storage for personal belongings affecting 1 of 4 audited clients (#5). The findings are:</p> <p>Observation on 1/25/23 at approximately 12:08pm of client #5's bedroom revealed the following:</p> <ul style="list-style-type: none"> - he did not have a dresser - did not have a nightstand - had several storage totes piled up with clothes in each of them <p>Interview on 1/25/23 client #5 reported:</p> <ul style="list-style-type: none"> - he had been residing in the group for about 6 months - he had been asking for a dresser but they have not given him one - he told the Qualified Professional (QP) but nothing happened <p>Interview on 1/25/23 the QP reported:</p> <ul style="list-style-type: none"> - client #5 had asked her about a dresser at least 3 times 	V 774		

Division of Health Service Regulation

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V 774	<p>Continued From page 13</p> <ul style="list-style-type: none"> - each time she had reported it to the Administrator - she would follow up with the Administrator <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 774		