Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WNG MHL059-079 01/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1225 MACKEY CREEK ROAD MACKEY CREEK HOME OLD FORT, NC 28762 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on January 10, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client. A sister facility is identified in this report. The sister facility will be identified as sister facility A and the former client identfied as Client #A1. V 289 27G .5601 Supervised Living - Scope V289 V 289 10A NCAC 27G .5601 SCOPE CEO provided all Licensed facilities with an (a) Supervised living is a 24-hour facility which updated training teaching them how many they are allowed to have in their facility at all times provides residential services to individuals in a and what to do in emergency situations. home environment where the primary purpose of QPs will continue to monitor facilities to ensure these services is the care, habilitation or 1/31/2023 they are never out of compliance with number rehabilitation of individuals who have a mental of members present illness, a developmental disability or disabilities, Monitoring will take place on a monthly basis. or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if DHSR - Mental Health the facility serves either: (1) one or more minor clients: or (2)two or more adult clients. Minor and adult clients shall not reside in the same facility. Lic. & Cert. Section (c) Each supervised living facility shall be licensed to serve a specific population as designated below: "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;

Division of Health Service Regulation

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

"B" designation means a facility which

20

(X6) DATE

2/3/2023

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ R 01/10/2023 B. WING MHL059-079 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1225 MACKEY CREEK ROAD MACKEY CREEK HOME OLD FORT, NC 28762 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 289 V 289 Continued From page 1 serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; "D" designation means a facility which (4)serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; "E" designation means a facility which (5)serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or "F" designation means a facility in a (6)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).

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (Y2) MULTIPLE CONSTRUCTION							
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	(X2) MULTIPLE CONSTRUCTION		DATE SURVEY	
AND I DIVOL COMMENTAL		IDENTIFICATION NUMBER:	A. BUILDING	A. BUILDING:		COMPLETED	
		MILLIOSO 070	B. WING			R	
MHL059-079		B. WING _			01/10/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
1225 MACKEY ODERY DOAD							
MACKEY CREEK HOME OLD FORT, NC 28762							
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF C		(X5)	
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE		
			140	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE	
					<u> </u>		
V 289	Continued From page 2		V 289				
	This Rule is not met as evidenced by: Based on record review and interview, the facility		1				
			1	1			
failed to provide services within		os within the seems of their					
	failed to provide services within the scope of their license affecting 2 of 2 current clients (#1, #2). The findings are:						
	The initialitys are.						
	Review on 12/15/22 of	the facility's license					
	Review on 12/15/22 of the facility's license revealed:						
	-licensed for Supervised Living for Alternative Family Living with a capacity of 2.						
	raining Living with a ca	ipacity of 2.					
	Poviou on 12/15/22 of	Client Consumer to the	1				
	Review on 12/15/22 of Client Census revealed:						
	-two clients resided in the facility.						
1	Poving on 12/15/22 of Client #11s record						
Review on 12/15/22 of Client #1's record							
	revealed:						
	-Date of Admission: 6/20/18;						
-Diagnoses: Moderate Intellectual							
Developmental Disability, Post-Traumatic Stress							
	Disorder (D/O), Blindness, Anxiety Disorder D/O, and Autistic D/O						
	and Autistic D/O.					1	
	D : 10115100 1						
	Review on 12/15/22 of	Client #2's record					
	revealed:						
	-Date of Admission: 2/						
	-Diagnoses: Fetal Alco	hol Syndrome,					
	Post-Traumatic Stress	D/O, Generalized Anxiety					
	Disorder, Mixed Obses	sional thoughts and acts,					
	Oppositional Defiant D/	O, and Schizoaffective					
	D/O, Bipolar Type.		1				
	100000 10 0000000000000000000000000000		1				
	Review on 1/10/23 of S	ister Facility Client #A1's	l V				
	(Client #A1) record reve	ealed:	1				
	-Date of Admission: 3/1	8/21;					
	-Date of Discharge: 10/	10/2022;					
	-Diagnoses: Moderate						
		ry, Autistic D/O, Disruptive					
	Mood D/O, Attention De	eficit Hyperactivity D/O.					

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ R 01/10/2023 B. WING MHL059-079 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1225 MACKEY CREEK ROAD MACKEY CREEK HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 289 Continued From page 3 V 289 Persistent Disinhibited Social Engagement D/O, Vitamin D Deficiency and Constipation. Interview on 1/10/23 with AFL Providers #1 and #2 revealed: -licensed for 2 clients; -Client #1 and #2 have resided at the facility for years. -there was a medical emergency at a sister facility a couple months ago and Client #A1 came over with his day worker, spent the night, and then went back to the sister facility where he lived; -Client #A1 stayed in their son's room who was not at home; -aware that it put them above capacity, but it was in Client #A1's best interest at the time.

Division of Health Service Regulation