

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2023
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NAME OF PROVIDER OR SUPPLIER CARPENTER-FLETCHER ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1119 CARPENTER FLETCHER ROAD DURHAM, NC 27713
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 30, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 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 reviews and interviews, the facility failed to schedule a review of an Individual Support Plan (ISP) at least annually affecting one of three audited clients (#1). The findings are:</p> <p>Review on 10/26/23 of client #1's record revealed: -Admission date of 9/25/13. -Diagnoses of Anxiety Disorder, Major Depressive Disorder, Moderate Mental Retardation, Gastroesophageal Reflux Disease (GERD), Hypertension and Hyperlipidemia. -ISP dated 10/1/22. -There was no documentation of an ISP.</p> <p>Interview on 10/26/23 with the Division Director/Qualified Professional (DD/QP) revealed: -He had "just" been informed that he was expected to initiate the (review or annual update) ISP for client #1. -He "thought" LME/MCO was "supposed" to initiate the ISP. -He started work on 2/16/23 and was not adequately trained by a former staff member. -He confirmed that client #1's ISP had expired and was not current.</p> <p>Interview on 10/26/23 with the Assistant Director revealed: -The DD/QP informed her that client #1's ISP was</p>	V 112		

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V 112	Continued From page 2 not current. -The DD/QP was responsible for updating client #1's ISP annually. -She confirmed that client #1's ISP was not current.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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. (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.	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to keep the MAR current affecting one of three audited audited clients (#2). The findings are:</p> <p>Review on 10/26/23 of client #2's record revealed: -Admission date of 1/21/06 -Diagnoses of Down Syndrome, Mild Mental Retardation, Hypothyroidism, Sleep Apnea, and Varicose in Veins.</p> <p>Review on 10/26/23 of Client #2's physicians order dated 10/26/23 revealed: -Vitamin E 400-unit capsule (cap) (antioxidant) - take one cap daily.</p> <p>Observation on 10/26/23 at 11:30 am of client #2's medication revealed: -Vitamin E 400-unit cap was not available.</p> <p>Review on 10/26/23 of client #2's MARs for August 2023 through October 2023 revealed: -Vitamin E 400-unit cap was initialed by staff indicating medication was administered on 10/26.</p> <p>Interview on 10/26/23 with staff #4 revealed: -He "thought" client #2's supplement was available. -He initialed client #2's MAR as administered because he was "supposed to sign off on the MAR." - He confirmed that client #2's supplement was</p>	V 118		

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V 118	Continued From page 4 not available at the facility. Interview on 10/26/23 with the Division Director/Qualified Professional (QP) revealed: -He was "not sure" why client #2's supplement was not available. -He assumed client #2's supplement was administered according to staff's initials on the MAR. -Staff #4 informed him that he "thought" the supplement was at the facility. -He confirmed that client #2's supplement was not available at the facility.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if 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. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a	V 289		

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V 289	<p>Continued From page 5</p> <p>developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a 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).</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide residential services to individuals in a home environment affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:</p> <p>Interview on 10/27/23 with staff #2 revealed: -Staff #4 had a woman in the facility on 10/26/23. -He heard staff #4 and the woman argue about money. -He "thought" that client #1 might have heard staff #4 and the woman argue. -He observed the woman in the kitchen "fixing" breakfast. -He observed the woman wearing a "see-through gown and a thong." -He stated, "I reported the incident to management on 10/26/23."</p> <p>Interview on 10/27/23 with staff #3 revealed: -She observed a woman at the facility on 10/23/23. -She observed the woman walk into the kitchen around 9:30 am. -The woman spoke to her as if "she knew her." -The woman had clothing on that exposed her shoulders, but "something you would not wear out." -The woman left the facility around 10:00 am in staff #4's vehicle. -The Division Director/Qualified Professional (DD/QP) observed the woman at the facility along with her.</p> <p>Interview on 10/27/23 with staff #4 revealed: -The woman that was at the facility was his "girlfriend." -It was the woman's first time ever coming to the</p>	V 289		

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V 289	<p>Continued From page 7</p> <p>facility on 10/23/23.</p> <ul style="list-style-type: none"> -The woman came to the facility on 10/23/23 and stayed overnight on 10/23/23 and 10/25/23. -He thought his "girlfriend could visit and stay overnight" at the facility. -He did not "think his girlfriend staying overnight was wrong." <p>Interview on 8/27/23 with the DD/QP revealed:</p> <ul style="list-style-type: none"> -He observed a woman in the facility on 10/23/23 at approximately 11:00 am in the kitchen. -Staff #4 informed him that the woman was with him. -Staff #4 informed him that that the woman was not supposed to come out of the room (staff quarters). -He told the woman to leave "immediately." -He confirmed a woman was observed in the home. <p>Interview on 10/27/23 with the Assistant Director revealed:</p> <ul style="list-style-type: none"> -She received an incident report on 10/26/23 regarding staff #4 having a "lady friend" at the facility. -She was informed that the woman was inappropriately dressed and some of the clients "might" have seen her. -She was informed that that the woman yelled at staff #4 about money he owed her. -Management conducted an internal investigation and terminated staff #4 on 10/27/23. 	V 289		