

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-859	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/16/2023
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NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 1238 FAIRLANE ROAD CARY, NC 27511
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V 000	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed on 11/16/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards for the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 11/9/23 of a physician order dated 10/24/23 for client #3 revealed:</p> <ul style="list-style-type: none"> - Check blood sugar (BS) once a day - Client #3 could start checking her own BS <p>Interview on 11/9/23 client #3 reported:</p> <ul style="list-style-type: none"> - Her BS was checked daily - Staff #1 checked client #3's BS until the doctor said she could check her own on 10/24/23 when she started checking it <p>Interview on 11/9/23 staff #1 reported:</p> <ul style="list-style-type: none"> - She checked client #3's BS from August 25, 2023 to October 24, 2023 - Client #3 started checking her own BS after the doctors approved it on 10/24/23 <p>Interview on 11/9/23 & 11/16/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - The Licensee started the process of obtaining a CLIA waiver but had to go out of the country and was just returning - The Licensee was currently getting a medical procedure done and was not available - Would check back with the Licensee on where she was with getting the waiver - Confirmed that the CLIA had not been obtained 	V 105		

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V 105	Continued From page 3 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 105		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 11/9/23 at approximately 12:55pm revealed:</p> <ul style="list-style-type: none"> - Ceiling around the fireplace had a brown stain the size of a baseball with paint peeling off - The hallway bathroom had dime sized black stains around the bathtub sealant - The trim around the bathtub was loose and coming off - The wood on the front door was chipped, exposing the latch of the doorknob <p>Interview on 11/9/23 the House Manager reported:</p> <ul style="list-style-type: none"> - No repairs were done to the facility since the last Mental Health Licensure survey - She contacted maintenance about the repairs two weeks ago - Maintenance planned to come work on the repairs but they were "backed up" with other repairs from other homes 	V 736		

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V 736	Continued From page 4 Interview on 11/17/23 the Qualified Professional reported: - The Licensee was responsible for repairs to the facility - The Licensee was out of the country and was not able to get the repairs done - She's been reporting the needed repairs to the Licensee "over the past few years" - She planned to speak with the Licensee again about getting the repairs done This deficiency has been cited 5 times since the original cite on 5/23/22 and must be corrected within 30 days.	V 736		
V 752	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 the water temperature was maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 11/9/23 at approximately 12:55pm revealed the following water temperatures: - 122 degrees Fahrenheit in the kitchen sink	V 752		

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V 752	<p>Continued From page 5</p> <ul style="list-style-type: none"> - 120 degrees Fahrenheit in the sink and 122 degrees Fahrenheit in the bathtub of the hallway bathroom - 120 degrees Fahrenheit in sink of client #2's and client #3's bathroom - 122 degrees Fahrenheit in the sink and shower of client #1's and client #4's bathroom <p>Interview on 11/9/23 client #1 reported:</p> <ul style="list-style-type: none"> - The water was hot but she knew "how to turn on cold water" <p>Interview on 11/9/23 client #3 reported:</p> <ul style="list-style-type: none"> - The water was hot but not "too hot" - She knew how to adjust the water temperature <p>Interview on 11/9/23 client #5 reported:</p> <ul style="list-style-type: none"> - The was "okay" with the water temperature because she added cold water <p>Interview on 11/9/23 the House Manager reported:</p> <ul style="list-style-type: none"> - Was responsible for checking the water temperatures in the facility and contacting maintenance to adjust the water temperature - Spoke with maintenance about other repairs two weeks ago, but she "forgot to mention the hot water" - Was supposed to check the water temperatures in the facility but "I just didn't do it" - The clients knew how to mix cold water with the hot water "as needed" <p>Interview on 11/17/23 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Maintenance came to the facility twice "immediately after" the previous Mental Health Licensure survey and they stated the water temperature was within the 100-116 degree 	V 752		

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V 752	<p>Continued From page 6</p> <p>Fahrenheit</p> <ul style="list-style-type: none"> - She did not have any documentation of the work order - The House Manager was responsible for checking the water temperatures - Water temperature checks were supposed to be completed at the same time as the fire and disaster drills - She "didn't follow up on the water temperature checks" - The water temperature checks were "getting overlooked" <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		