

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/03/2024
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NAME OF PROVIDER OR SUPPLIER HOUSE OF CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1118 KIMBALL DRIVE DURHAM, NC 27712
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 3, 2024. 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>The facility is licensed for 6 and currently has a census of 4. 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	<p>See page 2.</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p> <p style="text-align: right; color: red; font-weight: bold;">APR 15 2024</p> <p style="text-align: right; color: blue;">DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Director

(X6) DATE

4/12/2024

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to develop and implement strategies to meet the needs of one of four clients (#2). The findings are: Observation on 4/2/24 at approximately 10:15 AM revealed: -Kitchen area-The bottom portion of the refrigerator had a wire going through the handle attached to a hard plastic black square with a magnet on the side of the refrigerator. -There was a keyhole on the front portion of the refrigerator door. -The Associate Professional/Supervisor unlocked the refrigerator with a key. Reviews on 4/2/24 and 4/3/24 of client #2's record revealed: -Admission date of 6/15/15. -Diagnoses of Autism, Moderate Intellectual Disability, Bipolar I Disorder with psychotic features, Hypertension, Nocturnal Enuresis, Kyphosis, Cleft Palate and Cerebral Palsy. -Person Centered Plan dated 6/1/23 had no strategies to address stealing food. Interview with staff #1 on 4/3/24 revealed: -The refrigerator was normally locked when clients go to bed. -The refrigerator was locked because client #2 would take food and hide it in her room.	V 112	The Director and/or QP of House of Care, Inc. will instruct the staff to remove the lock attached to the refrigerator. House of Care, Inc. iwll include the restriction of locking the refrigerator in the Care Plan for Client #1 House of Care, Inc. shall discuss the locking of the refrigerator in their Client Rights Committee meeting. This to enable every client to agree on the subject.	4/12/2024 6-4-2024 6-4-2024

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V 112	Continued From page 2 Interview on 4/2/24 with the Associate Professional/Supervisor revealed: -The refrigerator was locked because client #2 would take food and hide in her room. -Staff normally locked the refrigerator in the evenings. -Staff had been locking the refrigerator for a few months. -He confirmed client #2 had no strategies to address stealing food. Interview on 4/3/24 with the Director/Qualified Professional revealed: -She was out of the country for several months and returned in November 2023. -She was aware client #2 would steal food. -She didn't know staff were locking the refrigerator. -She confirmed client #2 had no strategies to address stealing food.	V 112		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician	V 120	See page 4.	

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V 120	<p>Continued From page 3</p> <p>for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure refrigerated medications were kept in a separate, locked compartment or container affecting one of four clients (#1). The findings are:</p> <p>Observation on 4/2/24 at approximately 10:15 AM revealed:</p> <ul style="list-style-type: none"> -There was a bottle of Gabapentin 250 (milligrams) mg/5 milliliters (ml) Solution (Seizure Disorder) medication in the refrigerator for client #1. -The medication was not in a locked box. -The dispense date on the bottle was 3/21/24. -There were various food items in the refrigerator stored with the Gabapentin for client #1. <p>Review on 4/2/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/1/14. -Diagnoses of Moderate Intellectual Disability, Irritable Bowel Syndrome, Seizure Disorder and Arthritis. -Physician's order dated 2/21/24 for Gabapentin 250 mg/5 ml Solution, take 15 ml at bedtime. <p>Interview on 4/2/24 with the Associate Professional/Supervisor revealed:</p> <ul style="list-style-type: none"> -He didn't realize the Gabapentin for client #1 	V 120	<p>QP/Director of House of Care, Inc., shall purchase a locked box for medication that needs to be refrigerated.</p> <p>No medications shall be stored in the refrigerator without a locked box.</p>	4-11-2024

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V 120	Continued From page 4 should have been in a locked box in the refrigerator. -They started keeping the Gabapentin in the refrigerator about a month or two ago. -He acknowledged the facility failed to ensure refrigerated medications were kept in a separate, locked compartment or container. Interview on 4/3/24 with the Director/Qualified Professional revealed: -She didn't know the medication for client #1 was in the refrigerator and not in a locked box. -She acknowledged the facility failed to ensure refrigerated medications were kept in a separate, locked compartment or container.	V 120		
V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort;	V 513	See page 3 and 4.	

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V 513	<p>Continued From page 5</p> <p>and (2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide services using the least restrictive and most appropriate methods affecting four of four clients (#1, #2, #3 and #4). The findings are:</p> <p>Observation on 4/2/24 at approximately 10:15 AM revealed: -Kitchen area-The bottom portion of the refrigerator had a wire going through the handle attached to a hard plastic black square with a magnet on the side of the refrigerator. -There was a keyhole on the front portion of the refrigerator door. -The Associate Professional/Supervisor unlocked the refrigerator with a key.</p> <p>Interview on 4/3/24 with client #1 revealed: -The refrigerator was "always" locked. -She was told "it was locked for their safety."</p> <p>Interview with staff #1 on 4/3/24 revealed: -The refrigerator was normally locked when clients go to bed. -The refrigerator was locked because client #2 would take food and hide it in her room. -When she returned to the facility in October 2023 staff were locking the refrigerator.</p> <p>Interview on 4/2/24 with the Associate Professional/Supervisor revealed:</p>	V 513	See page 3 and 4.	

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V 513	Continued From page 6 -The refrigerator was locked because client #2 would take food and hide in her room. -Staff normally locked the refrigerator in the evenings. -Staff had been locking the refrigerator for a few months. -Client #2's mother brought that lock for the refrigerator. -Whenever the refrigerator was locked the clients don't have a key and can't get into it. -He didn't realize they were not allowed to lock the refrigerator. Interview on 4/3/24 with the Director/Qualified Professional revealed: -She was out of the country for several months and returned in November 2023. -She didn't know staff were locking the refrigerator.	V 513		
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, orderly manner and kept free from offensive odor. The findings are: Observation on 4/2/24 at approximately 10:15 AM revealed: -Den area-Triangle shaped crack, each side was approximately 2 inches long. A 2nd crack in wall	V 736	House of Care, Inc. will continue to submit service requests for repairs to the walls in the dining area and throughout the home. House of Care, Inc. will also purchase new window coverings for the living room and other rooms as needed. House of Care Inc. will submit inform the property owner of the peeling paint on the hand rails leading to the front door.	On-going 6-4-2024 6-4-2024

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V 736	<p>Continued From page 7</p> <p>was approximately 2 inches long and 3 inches wide. A hole in wall was about the size of a plum. One set of blinds had one slat missing. All 3 sets of blinds had a buildup of dust. Curtains were stained and had a tear approximately 4 inches long. Table had a crack approximately 2 inches long and 2 inches wide, another crack in table was approximately 4 inches wide and 6 inches long.</p> <p>-Railing on wall leading up to steps had peeling paint.</p> <p>-Client #2's bedroom-Walls had crayon markings, approximately 40 pin sized holes, grease stains. 7 blind slats were broken on the ends.</p> <p>-Client #1's bedroom-Strong musty odor. The walls had approximately 200 pin sized holes and black/brown scuff marks. Bedroom door had scuff marks and dirt stains.</p> <p>-Bathroom in client #1's bedroom-Walls had pencil markings, brown stains and peeling paint.</p> <p>-Client #6's bedroom-Strong urine smell. Walls had crayon markings, pencil markings, peeling paint, brown stains and approximately 60 pin sized holes. The bedroom door had black and brown stains. Smaller window had a build up of dust.</p> <p>-Hallway-Walls brown stains, black stains and scuff marks.</p> <p>-Client #3's bedroom-Strong body odor smell. Walls had scuff marks and grease stains. The dresser had 2 handles missing. The bedroom door had an orange stain, brownish stains and peeling paint.</p> <p>-Upstairs bathroom-The soap and toothbrush holder had a build up dust. The mirror had black markings.</p> <p>Interview on 4/2/24 with the Associate Professional/Supervisor revealed: -Client #1 was responsible for some of the</p>	V 736	<p>See page 7</p> <p>House of Care, Inc.'s staff will assist the Member in deep cleaning Client #3's bedroom.</p> <p>House of Care, Inc. will also have the carpets deep cleaned for all carpeted areas in the home</p>	<p>6-15-2024</p> <p>6-4-2024</p>

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V 736	Continued From page 8 property damage to the facility. -The landlord was aware of some the maintenance issues with the facility. -The landlord repaired some of those maintenance issues. -"They would make repairs to the facility and they have to fix it again." -He confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.	V 736	House of Care, Inc. has contacted the Landlord for the reapirs of the listed items indicated. If the Landlord refused to comply with fixing the home, House of Care, Inc. will contact a contractor to fix the areas tht are siptulated in this citation. The Staff of House of Care, Inc. shall conduct daily cleaining, dusting, and keeping all areas clean. The Director/QP will make unannounced visists to inspect the home.	On-going On-going On-going On-going