		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		MHL032-389	B. WING			08/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
DESTINY	HOME, INC		PLING STREAM /I, NC 27704	MROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	rs	V 000			
		w up survey was completed ficiencies were cited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
		ed for 6 and currently has a urvey sample consisted of clients.				
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107			
	description for the of which: (1) specifies the competency, work of qualifications for the (2) specifies the the position; (3) is signed be supervisor; and (4) is retained (b) All facilities shate each staff member provides care or set the facility: (1) is at least 1	II have a written job director and each staff position he minimum level of education experience and other	,			
	follow directions; (3) meets the r competency, work qualifications for the (4) has no sub	minimum level of education, experience, skills and other e position; and stantiated findings of abuse or e North Carolina Health Care				

Division of Health Service Re TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
ND PLAN OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
	MHL032-389	B. WING			R 05/08/2024	
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ESTINY HOME, INC		PLING STREAN M, NC 27704	/ ROAD			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
applicants for empl conviction. The im decision regarding upon the offense in which the applicant (d) Staff of a facilit currently licensed, accordance with ap services provided. (e) A file shall be n employed indicating other qualifications	services shall require that all loyment disclose any criminal pact of this information on a employment shall be based n relationship to the job for	V 107				
Based on record re facility failed to hav affecting two of thre The findings are: Review on 5/8/24 of records revealed th Staff #1: -Date of hire 4/1/24 -Hired as a Habilita -No job description	t ation Technician					
-No educational ve	rilication					
Staff #2:						

	of Health Service Re					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL032-389	B. WING			R 08/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
DESTIN	Y HOME, INC		PLING STREAM M, NC 27704	I ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLETI
V 107	Continued From pa	ge 2	V 107			
	-Date of hire 3/24/2 -Hired as a Habilita -No job description					
	Officer revealed: -She was responsit -She had no explan	with the Chief Executive ble for the personnel records. ation as to why the required				
		at in the personnel records. a failed to complete personnel and staff #2.				
		been cited 3 time(s) since the /21 and must be corrected	•			
V 108	27G .0202 (F-I) Per	sonnel Requirements	V 108			
	10A NCAC 27G .02 REQUIREMENTS (f) Continuing educ	02 PERSONNEL				
	provided and, at a r following:	ng programs shall be ninimum, shall consist of the				
	delineated in 10A N 10A NCAC 26B;	nt rights and confidentiality as CAC 27C, 27D, 27E, 27F and				
		t the mh/dd/sa needs of the n the treatment/habilitation tious diseases and				
	bloodborne pathoge (h) Except as permi .5602(b) of this Sub	ens. itted under 10a NCAC 27G ochapter, at least one staff				
	times when a client member shall be tra	vailable in the facility at all is present. That staff ained in basic first aid anagement, currently trained				

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		MHL032-389	B. WING	R 05/08/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
DESTIN	Y HOME, INC		LING STREAN I, NC 27704	I ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 108	Continued From pa	ge 3	V 108			
	techniques such as the American Heart equivalence for relia (i) The governing b implement policies reporting, investigat	lich maneuver or other first aid those provided by Red Cross, Association or their eving airway obstruction. body shall develop and and procedures for identifying, ting and controlling infectious diseases of personnel and				
	facility failed to ensu	et as evidenced by: views and interviews, the ure one of three audited staff meet the needs of the clients.				
	-Admission date of	f client #1's record revealed: 3/14/08 ression Disorder and Seizure				
	-Admission date of	f client #2's record revealed: 5/6/19 oaffective Disorder-Bipolar				
	Review on 5/6/24 o -Admission date of -Diagnosis of Schiz					
	Review on 5/8/24 o #1 revealed: -Date of hire 4/1/24 -Hired as a Habilita					

Division	of Health Service Re	gulation	-			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL032-389	B. WING			R 08/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
DESTIN	Y HOME, INC	630 RIPPI	LING STREAM	M ROAD		
DEGIN		DURHAM	, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 108	Continued From pa	ge 4	V 108			
		of training to meet the needs				
	there was an incide the training. -She never got arou training with staff # -She confirmed stat training to meet the Interview on 5/8/24 Officer revealed: -She was responsit -She had no explan training was not cor -She confirmed stat	ed: training with staff #1, however nt and she could not continue and to doing the client specific 1. If #1 had no documentation of needs of the clients. with the Chief Executive ole for the personnel records. ation as to why the required				
V 133	G.S. §122C-80 CRI CHECK REQUIRED APPLICANTS FOR (a) Definition As to "provider" applies to program and any pu developmental disa services that is licen Chapter. (b) Requirement A provider licensed un applicant to fill a po applicant to have an conditioned on cons criminal history reco		V 133			

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL032-389	B. WING		R 05/08/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
DESTIN		630 RIPPL	ING STREA	M ROAD		
DESTIN	(HOME, INC	DURHAM,	NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOL		(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	is conditioned on co criminal history reco national criminal his include a check of t the applicant has be five years or more, on consent to a Sta check of the applican criminal history reco section. Except as o subsection, within fi the conditional offer shall submit a reque Justice under G.S. criminal history reco section or shall sub entity to conduct a S check required by tl G.S. 114-19.10, the return the results of record checks for e covered by Public L Department of Heal Criminal Records C business days of re history of the person and Human Service Unit, shall notify the information receiver of the applicant. In national criminal his with the provider. P upon request verific check has been cor by this section. A co appropriate local or	, then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall he applicant's fingerprints. If een a resident of this State for then the offer is conditioned te criminal history record ant. A provider shall not t who refuses to consent to a ord check required by this otherwise provided in this we business days of making of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record his section. Notwithstanding Department of Justice shall national criminal history mployment positions not .aw 105-277 to the th and Human Services, check Unit. Within five ceipt of the national criminal n, the Department of Health es, Criminal Records Check e provider as to whether the d may affect the employability no case shall the results of the story record check be shared roviders shall make available eation that a criminal history mpleted on any staff covered ounty that has adopted an dinance and has access to inal Information data bank				

If continuation sheet 6 of 16

Division	of Health Service Re	egulation			FURI	APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		MHL032-389	B. WING		R 05/08/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DESTIN		630 RIPP	LING STREA	M ROAD		
DESTIN	Y HOME, INC	DURHAM	, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	may conduct on bell criminal history reco section without the request to the Depa case, the county sh criminal history reco section within five b conditional offer of of All criminal history is provider is confident except to the applic (c) of this section. F subsection, the term business regularly of criminal history reco records obtained fro (c) Action If an ap record check revea a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the p conviction. (4) The circumstand commission of the of (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of conviction shall not be a bar to listed factors shall b	half of a provider a State brd check required by this provider having to submit a artment of Justice. In such a all commence with the State ord check required by this business days of the employment by the provider. Information received by the tial and may not be disclosed, ant as provided in subsection for purposes of this in "private entity" means a engaged in conducting pord checks utilizing public om a State agency. oplicant's criminal history ls one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be				

Division	of Health Service Re	equilation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL032-389	B. WING		R 05/08/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
DESTINY	HOME, INC		LING STREA	M ROAD		
			, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX TAG(EACH CORRECTIVE AC CROSS-REFERENCED TO			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	provider may disclot the criminal history to the disqualification of the criminal history (d) Limited Immunit or employee of a pro- complies with this sist civil liability for: (1) The failure of the individual on the base the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense" in federal criminal history federal criminal hist indictment of a criminal felony, that bears up have responsibility to persons needing mind disabilities, or subst crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execut Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of	e relevant factors, then the se information contained in record check that is relevant on, but may not provide a copy ry record check to the y A provider and an officer ovider that, in good faith, ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in	V 133			
	Robbery; Article 18	icle 16, Larceny; Article 17, , Embezzlement; Article 19, d Cheats; Article 19A,				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL032-389	B. WING		R 05/08/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
DESTINI		630 RIPP	LING STREA	M ROAD		
DESTIN	(HOME, INC	DURHAM	, NC 27704			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTION(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVE ACTION SHOULDREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO THE APPROFDEFICIENCY)DEFICIENCYDEFICIENCY				OULD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 8	V 133			
	Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, O Peace; Article 35, O Peace; Article 36A, Article 39, Protection Protection of the Fa Intoxication; and Art Crime. These crime sale of drugs in viol Controlled Substan 90 of the General S offenses such as sa violation of G.S. 181 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employ supplies, or otherwi an employment app criminal history reco shall be guilty of a O (g) Conditional Emp employ an applicant obtaining the results check regarding the following requireme (1) The provider sha prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as (2) The provider sha	or Services by False or Credit Device or Other Means; al Transaction Card Crime ids; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public ffenses Against the Public Riots and Civil Disorders; n of Minors; Article 40, umily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter tatutes, and alcohol-related ale to underage persons in 3-302 or driving while n of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on blication that is the basis for a ord check under this section Class A1 misdemeanor. bloyment A provider may t conditionally prior to s of a criminal history record e applicant if both of the				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		СОМ	E SURVEY PLETED	
		MHL032-389	B. WING			R 05/08/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
DESTINY	HOME, INC		PLING STREAM M, NC 27704	I ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 133	Continued From pa	ge 9	V 133				
	conditional employr 2001-155, s. 1; 200	r the individual begins ment. (2000-154, s. 4; 14-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)					
	facility failed to ens record check was r days of making the	view and interviews, the ure a national criminal history equested within five business conditional offer of ng one of three audited staff					
	#1 revealed: -Date of hire 4/1/24 -Hired as a Habilita -Application indicate prior to applying for -There was a state requested on 4/1/24	tion Technician ed he lived in another state current position criminal record check 4 a national criminal history					
	-He had not been ir -He was living in ar	with staff #1 revealed: In the local state for 5 years. Nother state prior to moving to applied for his position.					
	Officer revealed: -She was responsit -She had no explan documents were no	with the Chief Executive ole for the personnel records. nation as to why the required ot in the personnel records. facility failed to ensure a					

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COMF	E SURVEY PLETED
		MHL032-389	B. WING		R 05/08/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DESTIN	(HOME, INC		LING STREA , NC 27704	M ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CONTRIBUTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTIVE A				(X5) COMPLETE DATE
V 133	Continued From pa	ge 10	V 133			
	requested within fiv	story record check was e business days of making the employment for staff #1.				
V 290	27G .5602 Supervis	sed Living - Staff	V 290			
	numbers specified i of this Rule shall be enable staff to resp needs. (b) A minimum of c present at all times premises, except w habilitation plan doo capable of remainir without supervision as needed but not le the client continues the home or comment specified periods of (c) Staff shall be pr following client-staff child or adolescent (1) children o abuse disorders sha of one staff present clients present. Ho present during slee emergency back-up the governing body (2) children o developmental disa one staff present fo present and two staff more clients present during slee	as above the minimum in Paragraphs (b), (c) and (d) a determined by the facility to ond to individualized client one staff member shall be when any adult client is on the hen the client's treatment or cuments that the client is ag in the home or community . The plan shall be reviewed ess than annually to ensure to be capable of remaining in unity without supervision for fitme. resent in a facility in the f ratios when more than one client is present: r adolescents with substance all be served with a minimum for every five or fewer minor owever, only one staff need be ping hours if specified by the o procedures determined by				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED	
		MHL032-389	B. WING			R 05/08/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
DESTINY	HOME, INC		LING STREAM 1, NC 27704	/ ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 290	Continued From pa	ige 11	V 290				
	diagnosis is substa (1) at least of duty shall be trained withdrawal symptor secondary complica drug addiction; and (2) the service	ch serve clients whose primary nce abuse dependency: ne staff member who is on d in alcohol and other drug ms and symptoms of ations to alcohol and other d ses of a certified substance nall be available on an					
	interviews, the facil continued capability	et as evidenced by: ions, record review and ity failed to assess the y for one of three clients (#3) in the community. The					
	PM revealed:	/24 between 11:00 AM to 3:15 acility and had not returned departure.					
	PM revealed: -Client #3 was not p	/24 between 9:00 AM to 12:30 present at the facility and had p surveyor's departure.					
	-Admission date of -Diagnosis of Schiz -Unsupervised Time Client #3 was appro community for up to	cophrenia e Assessment dated 8/2/22- oved to go out into the					

6899

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If continuation sheet 12 of 16

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL032-389				R 05/08/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
DESTINY	HOME, INC		LING STREAN 1, NC 27704	I ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From page 12		V 290			
	5/5/24-Client #3 was approved to go out into the community for up to 6 hours per day. Due to a recent injury of unknown nature, his time is being suspended. He is not approved for unsupervised time in the community or the home. Attempts to interview client #3 on 5/6/24 and 5/8/24 revealed: -Client #3 left the facility and never returned prior to surveyor's departure on 5/6/24.					
	-Client #3 was not p and never returned on 5/8/24. Interview on 5/6/24 -He had been work	with staff #1 revealed:				
	leaving the facility u -Client #3 left arour back until 4:00 pm	ne facility client #3 had been insupervised every day. nd 9:00 am and did not come or 5:00 pm. t #3 came back as late as 7:00				
	was just suspended -Client #3 was still I he was not suppose unsupervised.	led: rvised time in the community d on 5/5/24. eaving the facility even though ed to be in the community				
	and staying out mo -She acknowledged the capability for cli the community prio					
	Officer revealed:	with the Chief Executive				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: B. WING			FLETED	
	MHL032-389				R 05/08/2024	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
DESTINY HOME, INC		PLING STREAM M, NC 27704	MROAD			
	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 290 Continued From pa	ige 13	V 290				
longer than 6 hours	s daily.					
	t #3 was working in the area.					
	t say where he was working.					
	the facility failed to assess					
	ent #3 to be unsupervised in					
the community prio	r to 5/5/24.					
V 736 27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
10A NCAC 27G .03	303 LOCATION AND					
EXTERIOR REQU						
(c) Each facility and	l its grounds shall be					
	e, clean, attractive and orderly	,				
manner and shall b odor.	e kept free from offensive					
This Rule is not me	et as evidenced bv:					
	ion and interviews, the facility					
	not maintained in a safe,					
clean, attractive and are:	d orderly manner. The findings	3				
	/24 at approximately 11:40 AN	1				
revealed:	ntartan naar aink waa buaklad					
	ntertop near sink was buckled ow curtain was faded and					
	ric tape was along edges of					
	imately 12 burns marks on					
	rigerator. Rug on floor was					
torn and stained.						
	White caulking substance on					
	2 feet long and 6 inches wide.					
	ble was unleveled. One of the					
dining room chairs	s had grease stains, cracked					
	The love seat and two accent					
	I. There were metal pieces					
sticking out from bo						
-Clients #3 and #5's	s bedroom-Top of ceiling had					

Division	of Health Service Re	egulation				APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL032-389		B. WING			R 08/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DESTIN	HOME, INC		LING STREA , NC 27704	M ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PRÉFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLETE DATE
V 736	Continued From pa	ge 14	V 736			
Division of H	Y HOME, INC DURHAM, N SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED R	
		IDENTIFICATION NOWIDER.	A. BUILDING:			
		MHL032-389	B. WING			к 08/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ESTINY	HOME, INC		PLING STREAN M, NC 27704	I ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	1 6		V 736			
	Officer revealed:	with the Chief Executive to get this house together for a	1			
	and most of them w	ts about cleaning the facility vill not do it. only client who would help				
	-She confirmed the	facility and grounds were not e, clean, attractive and orderly				
		been cited 3 time(s) since the //21 and must be corrected)			