

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/11/2024
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 122 ORCHARD CREST CIRCLE SANFORD, NC 27330
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on July 11, 2024. The complaint was unsubstantiated (Intake #NC00219021). 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 3 and currently has a census of 2. The survey sample consisted of audits of 2 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 develop and implement goals and strategies to address unsupervised time of 1 of 2 clients (#1). The findings are:</p> <p>Review on 074/09/24 of client #1's record revealed: -Admission date of 04/01/24. -Diagnoses of Bipolar Disorder, Autism Spectrum Disorder, Disruptive Mood Dysregulation Disorder. -Person-Centered Plan and Individual Support Plan dated 03/28/24 and 04/01/24 did not include goals or strategies for unsupervised time at work and in the home.</p> <p>During interview on 07/09/24 client #1 revealed: -He worked at a local restaurant. -He had unsupervised time. -He was allowed to walk to the store.</p> <p>During interview on 07/09/24 the House Manager revealed: -Client #1 worked at a restaurant on the weekends without any staff present. -Client #1 had unsupervised time.</p> <p>During interview on 07/09/24 the Qualified Professional revealed</p>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 2</p> <p>-Client #1 worked at a restaurant on the weekends without staff.</p> <p>-Client #1 had unsupervised time and was allowed to walk to the store when he wanted to.</p> <p>During interview on 07/10/24 the Clinical Director revealed:</p> <p>-Client #1 had the job before he was admitted into the facility.</p> <p>-Client #1 mainly worked on the weekends.</p> <p>-Client #1 had unsupervised time and was approved by his guardian.</p> <p>-She would ensure the information of the unsupervised time would be added to his treatment plan with the amount of time he could be unsupervised.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 07/09/24 of the facility's documented fire and disaster drills revealed: -Two fire drills had been documented from August 2023-July 2024. -No disaster drill had been documented for the 1st quarter January-2024-March 2024. -1 disaster drill was documented for the months of September 2023, July 2024 and June 2024.</p> <p>During interview on 07/09/24 the House Manager revealed: -The facility did fire and disaster drills once a month. -She did not physically document each drill for the date and time the drill was completed. -In the front of the emergency drill book was a sheet that listed each month was which type of drill to complete for that month. -She thought that was the only documentation needed.</p> <p>During interview on 07/09/24 client #1 revealed: -He completed fire and disaster drills once a month at the facility.</p> <p>During interview on 07/09/24 the Qualified Professional revealed: -The shifts at the facility are 4:00pm-12:00am and</p>	V 114		

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V 114	Continued From page 4 12:00am-8:00am. -During the day the clients go to a day program. -The weekend shifts are 12 hour shifts for Saturday and Sunday. -Fire and Disaster drills are supposed to be completed every month. -He would ensure the staff would document each drill with the date and time the drill was completed.	V 114		
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 interviews, the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation of the facility on 07/09/24 at approximately 3:15pm revealed: -Two small cracked areas in the sheetrock above the light switch next to the TV in the sitting area. -Client #2's bedroom had an unpleasant musky smell throughout the room. -3 lightbulbs in the vanity area were not working. -Above the kitchen table the ceiling was peeling. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		