STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043059	A. BUILDING: _____ B. WING _____	R 08/30/2024

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PROFESSIONAL FAMILY CARE HOME #5	19 SUSIE CIRCLE CAMERON, NC 28326

(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	INITIAL COMMENTS An annual and follow up survey was completed on August 30, 2024. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to develop and implement goals and strategies in the treatment/habilitation plan to address the client's needs for 1 of 3 audited clients (#2). The findings are:

Review on 8/30/24 of client # 2's record review:
-19 year old female.
-Admission date of 8/21/23.
-Diagnoses of Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.
-No documentation of a treatment plan, client goals or strategies.

Interview on 8/30/24 client #2 stated:
-She lived at the home for a year.
-She was enrolled at a local high school
-Her goals were to finish school, go to college and graduate.
-She denied having treatment team meetings.

Interview on 8/30/24 the Qualified Professional/Residential Director stated:
-Treatment plans were completed by the Clinical Director.

Interview on 8/30/24 the Clinical Director stated:
-Client #2 did not have a treatment plan.
-The facility had progress goals however she was unsure how goals were implemented.

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V 114	Continued From page 2	V 114		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are: Review on 8/29/24 and 8/30/24 of the facility's records for fire and disaster drills revealed: -No 12am- 8am or weekend shift fire or disaster drill held during 3rd quarter of 2023 (July-September).	V 114		

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V 114	Continued From page 3 -No fire drill held on any shift and no disaster drill held on 4pm-12am or weekend shift during 4th quarter of 2023 (October- December). -No fire drill held on 12am-8am or weekend shifts, no disaster drill held 12am - 8am or weekend shifts during 1st quarter of 2024 (January - March). -No fire drills held on any shift, no disaster drill held on 12am-8am or weekend shifts during 2nd quarter of 2024 (April - June). Interview on 8/30/24 client #1 stated: -They tried to do a fire drill but it was "really dark" -She was unsure how often fire drills were completed. -"This morning", the Group Home Manager showed them every place they should go during a disaster drill. Interview on 8/30/24 client #2 stated: -The facility held disaster drills every month, they went to the bathroom and closed the door. -The facility held fire drills every month. They met at the mailbox. Interview on 8/30/24 client #3 stated: -Fire drill were held once month and they met by the mailbox. -Disaster drills were held once a month and they went in the bathroom. Interview on 8/30/24 staff #1 stated: -The facility held fire and disaster drills whenever the Group Home Manager told them. -She was unsure how often drills were held. Interview on 8/30/24 the Group Home Manager stated: -The facility had a fire and disaster drill schedule that listed drills.	V 114		

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V 114	Continued From page 4 -Fire and disaster drills were held at least monthly and periodically. Interview on 8/30/24 the Qualified Professional/Residential Director stated: -Shifts for the facility were Monday-Friday 4pm-12am, 12am-8pm, Weekends 8am-8pm and 8pm-8am. -Fire Drills and Disaster drills were completed monthly and drills were rotated in each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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;	V 118		

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V 118	Continued From page 5 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients (#1, #2, #3). The findings are: Finding #1 Review on 8/29/24 and 8/30/24 of client #1's record revealed: -22 year old female. -Admitted on 2/9/23. -Diagnoses of Schizoaffective Disorder bipolar type and Unspecified Intellectual Disorder. Review on 8/30/24 of client #1's signed physician orders dated 5/20/24 revealed: -Discontinue Sertraline 25 milligram (mg) twice daily. (Mental) -Sertraline 25 mg daily. Review on 8/29/24 and 8/30/24 of client #1's MARs from 6/1/24 - 8/29/24 revealed: -Sertraline 25 mg continued to be administered twice daily until 6/18/24.	V 118		

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V 118	Continued From page 6 Interview on 8/30/24 client #1 stated: -She took her medications daily. -She was unsure what medications she took but the Group Home Manager would review her medications with her. Finding #2 Review on 8/30/24 of client #2's record revealed: -19 year old female. -Admitted on 8/21/23. -Diagnoses of Unspecified Schizophrenia Spectrum and Other Psychotic Disorder. -No evidence of a signed physician's order for Acetaminophen 325 mg as needed. (Pain) Review on 8/30/24 of client #2's signed physician orders revealed: -8/21/23 Benztropine 0.5 mg twice daily. (tremors) -4/18/24 Melatonin 5 mg at bedtime. (sleep) -4/18/24 Aripiprazole 15 mg at bedtime. (Schizophrenia) Review on 8/29/24 and 8/30/24 of client #2's MARs from 6/1/24 - 8/29/24 revealed the following blanks: -Benztropine 0.5 MG on 6/13/24 (8pm) and 8/8/24 (8pm). -Melatonin 5mg on 6/13/24 (8pm). -Aripiprazole 15mg on 6/13/24 (8pm). Observation on 8/29/24 at approximately 12:10pm of client #2's medications revealed: -Acetaminophen 325 mg as needed for pain was available for administration. Interview on 8/30/24 client #2 stated: -She received her medications daily. -She took Melatonin and "my anxiety pill."	V 118		

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V 118	Continued From page 7 Finding #3 Review on 8/29/24 and 8/30/24 of client #3's record revealed: -44 year old female. -Admitted on 3/15/16. -Diagnoses of Psoriasis, Seizure Disorder, Bipolar Disorder, Impulse Control, Post-Traumatic Stress Disorder, Mild Intellectual Disorder and Schizoaffective Disorder Bipolar Type Mild. Review on 8/30/24 of client #3's signed physician orders dated 4/2/24 revealed: -Senna 8.6 mg twice daily.(Stool) -Benztropine 1 mg twice daily. (tremors) -Divalproex 500 mg 1 tablet every morning and 2 tablets every evening. (Seizure) -Clobetasol 0.05 % Cream twice daily.(skin) -Magnesium Oxide 400mg twice daily.(stool) -Levetiracetam 500 mg tablets twice daily. (Seizure) Review on 8/29/24 and 8/30/24 of client #3's MARs from 6/1/24 - 8/29/24 revealed the following blanks: -Senna 8.6 mg on 8/15/24 (8pm). -Benztropine 1 mg n 8/15/24 (8pm). -Divalproex 500 mg on 8/27/24 (8pm). -Clobetasol 0.05 % Cream on 8/27/24 (8pm). -Magnesium Oxide 400mg on 8/27/24 (8pm). -Levetiracetam 500 mg on 8/27/24 (8pm). Interview on 8/30/24 client #3 stated: -She received her medications daily. -She had not missed any medications. Interview on 8/30/24 the Group Home Manager stated: -The clients received their medications as ordered. -If there were blanks, staff forgot to document.	V 118		

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V 118	Continued From page 8 -Client #1 received her Sertraline twice daily until 6/19/24. -She was unsure why it was not decreased prior. -Client #2's Acetaminophen 325 mg was not onsite. Interview on 8/30/24 the facility's nurse stated: -She was not aware of client #1's medication change. -She reviewed the MARs monthly however she was not always informed of changes to medications. -She would document corrections that needed to be made for staff to complete. Interview on 8/30/24 the Qualified Professional stated: -The facility had a nurse who reviewed the MARs and trained the staff.	V 118		
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 and orderly manner. The findings are: Observation on 8/29/24 at between 10:01 am - 10:35am during a tour of the facility revealed: - The globe light cover was missing from light fixture in kitchen. - The cabinet next to the refrigerator had a	V 736		

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V 736	Continued From page 9	V 736		

missing wood piece approximately 4 inch opening between where the top of the cabinet and the bottom of counter.
- The linoleum at the base of kitchen cabinets was lifted approximately 1 inch from flooring.
-There was approximately 1 inch of the trimming around counter top not affixed to the surface around the sink area.
- In the staff area there was a broken vase, approximately 2 inches of ceramic missing from the bottom of the vase and debris was on the table beside the vase.
- The door off the staff area would not close and latch.
-On the side patio, there was a decaying bird caucus in the right corner at the door.
-There were 3 large spider webs approximately 2 inches between the beams of the railing by door on side patio.
-The light fixture was missing a globe on the outside side patio.
- Client # 2's bedroom the linoleum was lifted about 6 inches from floor.
-Client # 2's bedroom dresser was missing two knobs on the top right and left drawers and the drawer handles were missing from 2 drawers on the right.
-Client # 3's bedroom drawer was missing knobs from dresser.
- The shower in client # 3's bathroom attached to her bedroom the shower handle was broken and loosely swinging form left to right when touched.
-Client # 3's bathroom the light was not working above sink area, linoleum was lifted behind the toilet about 1 to 2 inches, there was a brownish orange residue behind on the floor behind the toilet and there was a gray residue on the bathroom vent.
- The hall bathroom floor vent was loose and not affixed to the floor, the wall paper behind faucet

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V 736	Continued From page 10 was peeling in 4 areas above vanity all 3 were about 3 inches diameter. - The laundry room light fixture was missing a globe. - The back patio off the laundry room had an approximate 1/2 inch wasp nest above door and outside globe was missing from light. Interview on 8/4/2024 the Qualified Professional/Residential Director stated that the areas would be addressed and fixed.	V 736		