

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-243	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2024
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NAME OF PROVIDER OR SUPPLIER HOUSE OF CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5800 LAKE ELTON ROAD DURHAM, NC 27713
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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 and complaint survey was completed on September 12, 2024. The complaint was substantiated (intake #NC00221142). 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 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118	<p style="text-align: center;">RECEIVED SEP 30 2024 DHSR-MH Licensure Sect</p>	

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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
[Signature] **CRP/Assistant Director** **9-27-2024**

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MARs current affecting one of two audited clients (#2). The findings are:</p> <p>Reviews on 9/11/24 and 9/12/24 of client #2's record revealed: -Admission date of 7/11/22. -Diagnoses of Mild Intellectual Disability, Mixed Hyperlipidemia, Type II Diabetes, Autism, Hyperoxaluria and Iron Deficiency Anemia. - Physician's order dated 4/8/24 for Jardiance 10 milligrams (mg) (Diabetes), one tablet every evening with evening meal. -Physician's order dated 4/1/24 for Fish Oil 1,000 mg (Heart health), one capsule twice daily. -Physician's order dated 10/11/23 for Metformin 500 mg (Diabetes), two tablets twice daily and Rosuvastatin Calcium 10 mg (Bone health), one tablet in evening with evening meal.</p> <p>Review on 9/11/24 of MARs for client #2 revealed:</p> <p>No staff initials to indicate the medication was administered for the following-</p>	V 118	<p>House of Care, Inc. will schedule a medication management refresher training, to continue to educate Staff of the importance of documenting in the MAR.</p> <p>The QP/Assistant Director will also conduct a refresher documentation training to the Staff.</p>	<p>On-going</p> <p>On-going</p>

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V 118	Continued From page 2 -September 2024: Jardiance 10 mg on 9/7 and 9/8 Fish Oil 1,000 mg on 9/8 and 9/9 am doses, 9/7/and 9/8 pm doses Rosuvastatin Calcium 10 mg on 9/7 and 9/8 -August 2024: Jardiance 10 mg on 8/25 and 8/26 Fish Oil 1,000 mg on 8/25 and 8/26 am doses, 8/25 thru 8/26 pm doses Metformin 500 mg on 8/31 Rosuvastatin Calcium 10 mg on 8/25 and 8/26 -July 2024: Jardiance 10 mg on 7/20 and 7/21 Fish Oil 1,000 mg on 7/31 Rosuvastatin Calcium 10 mg on 7/20 and 7/21 Interview on 9/11/24 with the Assistant Director revealed: -She thought client #2 went on home visits and staff did not indicate that on the MARs. -There were no issues with clients not getting their prescribed medication. -She confirmed the MARs were not kept current for client #2.	V 118	See page #2	
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is	V 290		

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V 290	<p>Continued From page 3</p> <p>capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by:</p>	V 290	<p>House of Care, Inc.'s QP contacted Client #1's Care Coordinator to update Client's #1's Risk Assessment to include unsupervised time in the community.</p> <p>The Care Coordinator will coordinate with Client #1 to update the current plan.</p>	11/31/24

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V 290	<p>Continued From page 4</p> <p>Based on record review and interviews, the facility failed to assess the capability for one of two audited clients (#1) to be unsupervised in the community. The findings are:</p> <p>Review on 9/11/24 of client #1's record revealed: -Admission date of 3/15/21. -Diagnoses of Severe Intellectual Disability, Cerebral Palsy, Neurogenic Bladder, Osteoporosis, Hand Contractures, History of Migraine Headaches and History of Sepsis. -No documentation that client #1 had been assessed for capability of having unsupervised time in the community without staff supervision.</p> <p>Interview on 9/12/24 with client #1 revealed: -He had unsupervised time in the community. -He normally goes out in the community unsupervised after leaving his day program. -He went out unsupervised in the community 2-3 days a week. -He used the public access transportation to get around in the community.</p> <p>Interview on 9/12/24 with a day program staff revealed: -She had seen client #1 in the community unsupervised after leaving the day program. -She saw him several times around the local city without staff supervision. -"[Client #1] took the access van all over the [local city] unsupervised by staff."</p> <p>Interview on 9/12/24 with the Associate Professional/Supervisor revealed: -Client #1 had unsupervised time in the community. -Client #1 went out in the community "someday's" after his day program unsupervised. -"I thought because he (client #1) was his own</p>	V 290	See page #4	

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V 290	Continued From page 5 guardian it was ok for him to be unsupervised in the community." Interview on 9/12/24 with the Assistant Director revealed: -She was not aware client #1 went out into the community unsupervised. -Client #1 had Community Networking service in the evenings after he left the day program. -She acknowledged client #1 had not been assessed for capability of having unsupervised time in the community without staff supervision.	V 290	See page #4	On-going
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 9/11/24 at approximately 9:50 AM revealed: -Kitchen area-Food debris and approximately 15 black scuff marks on the walls. A crack in wall near refrigerator approximately 6 inches long. All 16 cabinet doors had peeling and chipped paint. Door jambs had approximately 20 black scuff markings. -Bathroom in hallway-Shower curtain had approximately 30 pin sized black spots. Door to bathroom had approximately 15 light brown	V 736	The Director engage in supervision with the Staff at the group home will reinforce their cleaning techniques and frequency. The Director will enforce the checking of the entire house for cleanliness before leaving the home. Staff will utilize cleaning supplies to maintain the home's cleanliness.	

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V 736	<p>Continued From page 6</p> <p>stains. Walls had peeling paint and approximately 10 black scuff markings. Floor of shower had soap scum.</p> <p>-Hallway near bathroom-Approximately 50 black markings on the wall.</p> <p>-Client #1's bedroom-Approximately 100 black scuff markings on the walls. The door jambs had chipped paint. One set of blinds 2 broken slats, one slat broken on the end. 2nd set of blinds had a bent slat and one slat was broken on the end. -Client #2's bedroom-Strong musty odor.</p> <p>Interview on 9/11/24 with the Assistant Director revealed:</p> <p>-The facility was painted last year.</p> <p>-A lot the black markings on the walls were caused by client #1's wheelchair.</p> <p>-They made the landlord aware of most of the issues with the facility.</p> <p>-The landlord had not addressed all of the issues. -She confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p>	V 736	See page #6	
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility staff failed to maintain an insect free environment. The findings are:</p>	V 738		

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V 738	<p>Continued From page 7</p> <p>Observation on 9/11/24 at approximately 9:50 AM revealed: -Kitchen area-There was a roach (small brownish bug) crawling in the kitchen sink. There was a dead roach on the counter near the sink. -Bathroom in hallway-There was a roach crawling in the sink.</p> <p>Interview on 9/12/24 with client #1 revealed: -He saw roaches in his bedroom daily. -He saw roaches in his dresser drawers. -He saw roaches crawling on the floor and wall. -He also saw roaches crawling from his wheelchair. -He started seeing roaches at the beginning of 2024.</p> <p>Interview on 9/12/24 with client #2 revealed: -He saw a roach in his dresser drawer crawling around daily. -He wasn't sure how long he had been seeing the roach in his drawer.</p> <p>Interview on 9/11/24 with staff #1 revealed: -She saw roaches at the facility "on and off" over the last few months. -She started seeing roaches the earlier part of 2024. -She was not sure which month. -She saw roaches throughout the facility. -"I might see roaches one week and not the next week." -She saw a few roaches crawling in the hallway this morning (9/11/24). -She saw roaches in client's #1 bedroom several times. -She cleaned client #1's wheelchair daily because he was "constantly" dropping food crumbs in his chair.</p>	V 738	<p>House of Care, Inc. completed contracted pest control services, to eradicate roaches in the home. The service includes both inside and outside of the home.</p> <p>The contract calls for 3 initial appointments in September and every other month after that.</p> <p>Pest control was completed on 9-12-24 and 9-19-24.</p>	On-going

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V 738	<p>Continued From page 8</p> <ul style="list-style-type: none"> -She saw roaches crawling from his chair several times. -She thought there were roaches in his chair because he was "constantly" dropping food crumbs in his chair. -A maintenance guy came into the home to spray for roaches in August 2024. -Prior to that she could remember when he treated for roaches. -"The person was not from a pest control company." <p>Interview on 9/11/24 with the Assistant Director revealed:</p> <ul style="list-style-type: none"> -They were treating the facility for roaches. -The maintenance staff for the agency treated the facility for roaches. -She was not sure how the maintenance staff was treating the facility for roaches. -"The roaches have recently been an issue since the end of June 2024." -They also had an issue with roaches at the beginning out 2024. -Client #1's bedroom was the main room being treated in the facility because staff reported they saw roaches on his wheelchair. -She was not sure how the roaches were getting into his wheelchair. -They had not used a company outside of their agency to treat for roaches. 	V 738	See page #8	

Government Account YES NO

Mail Consolidated

Leave C.O.D.

Central Billing #



Route #

Type of Account Price Increase

Date Month Day Year

Home Office - Lynchburg VA Service Office Raleigh NC 27616

Customer Name House of God P.O. # (if required) _____

Attention (if applicable) _____ Email _____

Billing Address (Street) 3500 Westgate Dr 103 Work Phone 919-493-6871 Home Phone _____

Billing Address (City) Durham NC 27707 (State) _____ (Zip) required _____

Service Address (Street) (if different from billing) _____ Map Coordinates _____

Service Address (City) (if different from billing) _____ (State) _____ (Zip) required _____

DOES CUSTOMER REQUIRE DODSON BROS. SANITATION REPORT? YES NO

SERVICE FREQUENCY: MONTHLY E.O.M. E.O.M. PLUS QUARTERLY

PAYABLE: IN ADVANCE AS SERVICES RENDERED

PEST COVERAGE SECTION		INITIAL SERVICE	
MARK THE BOX BESIDE THE PEST(S) WHICH ARE THE PRIMARY TARGET(S) OF THIS SERVICE AGREEMENT. ALL THE OTHER PESTS LISTED ARE COVERED AT NO ADDITIONAL CHARGE. HOWEVER, TREATMENT IS ONLY PERFORMED WHEN NEEDED.		NUMBER OF SERVICES	2251
<input type="checkbox"/> ROACHES	<input type="checkbox"/> EARWIGS	<u>6 x 72</u>	4321
<input type="checkbox"/> PAVEMENT ANTS	<input type="checkbox"/> GROUND BEETLES	SUBTOTAL	6571
<input type="checkbox"/> MICE	<input checked="" type="checkbox"/> PILLBUGS AND SOWBUGS	SALES TAX (if Applicable)	01
<input checked="" type="checkbox"/> RATS	<input type="checkbox"/> OTHER _____	TOTAL	6571
<input type="checkbox"/> SPIDERS	_____	PAID ON ACCOUNT	2251.00
<input checked="" type="checkbox"/> SILVERFISH	_____	BALANCE	4321.00
<input checked="" type="checkbox"/> CRICKETS	_____		

DIRECTIONS TO PROPERTY: _____

SPECIAL INSTRUCTIONS: light green trash activity

LOCATION OF INSTALLED RODENT CONTROL EQUIPMENT (if Applicable): _____

Begin Service 9/12/21 Service Schedule _____ Week _____ Day _____ Sold and Serviced by Inspector YES NO

Production Value completed by Inspector \$ 225 Manager's Initials _____

The terms and conditions printed on the reverse side are accepted and Dodson Bros. is authorized to perform the services as specified. This agreement is subject to a 1.5% monthly late fee on overdue balances.

Dodson Bros. Representative _____ Personnel Number 116944 X Customer Signature [Signature]

Lead for Dodson Bros. Employee _____ Personnel Number _____ District Manager Approval _____

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