STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-214	A. BUILDING: _____ B. WING _____	R 08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCULLEN HOME	1001 HENDERSON DRIVE JACKSONVILLE, NC 28540

(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 27, 2024. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence. 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 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; and (2) employing the intervention by people trained in its use.	V 513		

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V 513	Continued From page 1	V 513		

This Rule is not met as evidenced by:
Based on record reviews, observation, and interviews, the facility failed to use the least restrictive environment for 3 of 3 clients (#1, #2, and #3). The findings are:

Review on 8/23/24 of client #1's record revealed:
-37 year old male.
-Admitted on 6/20/21.
-Diagnoses of Traumatic Brain Injury, Impulse Control Disorder and Attention-Deficit Hyperactivity Disorder.
-No documentation of restriction in treatment plan.

Review on 8/23/24 of client #2's record revealed:
-30 year old male.
-Admitted on 12/28/18.
-Diagnoses of Severe Intellectual Disability and Schizophrenia unspecified.
-No documentation of restriction in treatment plan.

Review on 8/23/24 of client #3's record revealed:
-22 year old male.
-Admitted on 3/1/24.
-Diagnoses of Moderate Intellectual Disability and Dythymic Disorder.
-No documentation of restriction in treatment plan.

Observation on 8/23/24 between 11:16am - 11:45am a tour of the facility revealed:
-There was no food in the kitchen.
-The facility's food supply was maintained in the staff's locked bedroom.

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V 513	Continued From page 2 Interview on 8/23/24 client #1 stated: -All the food at the facility was in the staff's bedroom. -If the food was left out the other clients would eat it all. Interview on 8/23/24 client #2 stated: -Staff #1 helped him get food "its up high." Interview on 8/23/24 client #3 stated: -He got enough to eat daily. Interview on 8/23/24 staff #6 stated: -There was always enough food in the home. -The food was locked in the staff's bedroom. -The clients "just ask for what they want." Interview on 8/26/24 staff #1 stated: -The food was kept locked in the staff's bedroom. -Client #3 would get up in the middle of the night and eat raw food. -They kept most of the food in the staff's locked bedroom since client #3 moved in. Interview on 8/23/24 and 8/27/24 the Director of Operations stated: -The clients did not have the door combination to the locked staff bedroom where the food was stored. -The facility stored food in the locked staff's bedroom instead of the kitchen due to client #3 's behaviors. -The other clients did not have the door code for the staff's bedroom. -Client #3 would consume raw meat. -The facility had not considered the locked food a restriction on the client's rights.	V 513		

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V 736	Continued From page 3	V 736		
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 on 8/23/24 at between 11:16am - 11:45am a tour of the facility revealed: -Client #2's bedroom did not have a lamp or any light source. -The loveseat in the living room was deeply sunken in the middle. -Client #1's bedroom closet doors were off the hinges. -Client #3's bedroom dresser was missing the middle drawer. Interview on 8/23/24 the Director of Operations stated: -The facility had purchased new furniture but there was a delay in the delivery. -She was unable what happened to client #2's lamp but he most likely moved it. -The facility would ensure maintenance was addressed.	V 736		