

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-686</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>VICTORY HEALTHCARE SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3716 SUMMER PLACE</b> <b>RALEIGH, NC 27604</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on October 23, 2024. The complaint was unsubstantiated (intake #NC00222147). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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		

Division of Health Service Regulation

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 review and interview the facility failed to ensure treatment plans were developed and implemented for 3 of 3 clients (#1, #3 and #5). The findings are:</p> <p>Review on 10/23/24 of client #1 record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 8/23/16</li> <li>- Diagnoses: Major Depression, Alcohol and Tobacco Use Disorder</li> <li>- No current treatment plan</li> </ul> <p>Review on 10/23/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 3/31/18</li> <li>- Diagnoses: Depression, Arthritis, Diabetes 2, Cognitive Impairment, Hyperlipidemia &amp; Hypertension</li> <li>- No current treatment plan</li> </ul> <p>Review on 10/23/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 11/5/18</li> <li>- Diagnoses: Schizoaffective &amp; Cannabis Disorder</li> <li>- No current treatment plan</li> </ul> <p>During interview on 10/23/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- All treatment plans were current</li> </ul>	V 112			

Division of Health Service Regulation

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V 112	Continued From page 2  - He forgot to request a copy form the Qualified Professional  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.  This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure drug regimen reviews were completed for 2 of 3 audited clients (1#, #3 & #5). The findings are:  Review on 10/23/24 of client #1 record revealed: - Admitted 8/23/16 - Diagnoses: Major Depression, Alcohol and Tobacco Use Disorder - A FL2 dated 2/21/24 with the following medications:	V 121		

Division of Health Service Regulation

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V 121	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Trazadone 100mg (milligrams) bedtime (depression)</li> <li>- Quetiapine 100mg bedtime</li> <li>- Last drug regimen review completed 1/27/24</li> </ul> <p>Review on 10/23/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 3/31/18</li> <li>- Diagnoses: Depression, Arthritis, Diabetes 2, Cognitive Impairment, Hyperlipidemia &amp; Hypertension</li> <li>- A FL2 dated 2/2/24 with the following medication:</li> <li>- Trazadone 50mg bedtime (depression)</li> <li>- Last drug regimen review completed 1/27/24</li> </ul> <p>Review on 10/23/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 11/5/18</li> <li>- Diagnoses: Schizoaffective &amp; Cannabis Disorder</li> <li>- A FL2 dated 2/2/23 with the following medications:</li> <li>- Trazadone 100mg bedtime</li> <li>- Benztropine 2mg bedtime (side effect)</li> <li>- Divalproex 250mg 5 bedtime (bipolar)</li> <li>- Last drug regimen review completed 1/27/24</li> </ul> <p>During interview on 10/23/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- The pharmacy forgot to complete the 6-month drug regimen reviews</li> <li>- He was responsible for ensuring the drug regimen reviews were completed</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 121		

Division of Health Service Regulation

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V 290	Continued From page 4	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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 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</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 5</p> <p>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: Based on observation, record review and interview the facility failed to ensure 3 of 5 audited clients (#1, #2 and #4)'s treatment plan documented they were capable of remaining in the facility or community without supervision. The findings are:</p> <p>Review on 10/23/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/5/18</li> <li>- diagnoses: Schizoaffective Disorder and Cannabis</li> <li>- no current treatment plan with documentation of unsupervised time</li> </ul> <p>Observation &amp; interview on 10/23/24 at 10:43am revealed the following:</p> <ul style="list-style-type: none"> <li>- a lady came out of the facility and enter a truck with a male</li> <li>- they left and pulled up beside the Division of Health Service Regulation surveyor</li> <li>- the male introduce himself as the Licensee and the female as staff #1</li> <li>- the Licensee was in route to take staff #1 to the bank</li> <li>- he would return back into the facility</li> <li>- inside the facility was client #1, client #2 and</li> </ul>	V 290		

Division of Health Service Regulation

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V 290	Continued From page 6  client #2's personal aid assistant - the Licensee said the personal aid assistant was not staff for the facility  During interview on 10/23/24 client #5 reported: - could walk to the local store when he wanted to - the local store was a few blocks away  During interview on 10/23/24 staff #1 reported: - client #5 could walk to the local store  During interview on 10/23/24 the Licensee reported: - client #5 could walk to the local pharmacy for items - he does not have to walk in the street to get to the pharmacy - will update his treatment plan to include unsupervised time  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 7</p> <p>Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other qualified professionals who are responsible for the treatment/habilitation of 2 of 3 audited clients (#1 &amp; #5). The findings are:</p> <p>A. Review on 10/23/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 8/23/16</li> <li>- Diagnoses: Major Depression, Alcohol and Tobacco Use Disorder</li> <li>- A FL2 dated 2/21/24: check blood sugar twice a day</li> </ul> <p>Review on 10/23/24 of client #1's August 2024 - October 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- refused blood sugar check</li> </ul>	V 291		



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V 291	<p>Continued From page 8</p> <p>Review on 10/23/24 of the primary care visit revealed:</p> <ul style="list-style-type: none"> <li>- last visited the primary care office on 1/25/24</li> <li>- no documented concerns noted</li> </ul> <p>B. Review on 10/23/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 11/5/18</li> <li>- Diagnoses: Schizoaffective &amp; Cannabis Disorder</li> <li>- FL2 4/2/24: Check blood sugar twice</li> </ul> <p>Review on 10/23/24 of client #5's primary care visits revealed the following:</p> <p>9/7/24 - BS check 162 6/3/24: BS check 192 3/5/24: BS check 143</p> <p>Review on 10/23/24 of client #5's August 2024 - October 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- refused blood sugar check</li> </ul> <p>During interview on 10/23/24 client #5 reported:</p> <ul style="list-style-type: none"> <li>- He does not like to get his blood sugars checked</li> </ul> <p>During interview on 10/23/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Both clients refused blood sugar checks</li> <li>- He will follow up with their primary care physician regarding their refusals of blood sugar checks</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 291		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND</p>	V 736		

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V 736	<p>Continued From page 9</p> <p><b>EXTERIOR REQUIREMENTS</b> (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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 10/23/24 between 11:30am - 3:09pm of the facility revealed:</p> <ul style="list-style-type: none"> <li>- a car in the facility's yard that needed repairs</li> <li>- paint peeled from the kitchen cabinets and the wall above the stove</li> <li>- client #5's bedroom</li> <li>- had a mattress slumped in the middle</li> <li>- window blinds with broken or missing slates</li> <li>- client #4's bedroom:</li> <li>- bathroom had missing tile in front of the toilet</li> <li>- client #1's bedroom:</li> <li>- window blinds with broken or missing slates</li> <li>- at 3:06pm client #2's bedroom had a space heater that was not turned on</li> <li>- at 3:09pm space heater in the staff's bedroom not turned on</li> </ul> <p>During interview on 10/23/24 client #2 reported:</p> <ul style="list-style-type: none"> <li>- space heater been in the room a couple of days</li> <li>- gets cold in his bedroom sometimes</li> </ul> <p>During interview on 10/23/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- the Licensee gave them the space heaters</li> <li>- she had the space heater approximately 2 months</li> <li>- 4 days ago it got cold in the facility</li> <li>- the space heaters were turned off when they were asleep</li> </ul>	V 736		

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V 736	Continued From page 10  During interview on 10/23/24 the Licensee reported: <ul style="list-style-type: none"> <li>- he brought the space heaters 2 days ago</li> <li>- the heat stopped working 2 days ago</li> <li>- someone will look at the heat between 8am - 12pm tomorrow (10/24/24)</li> <li>- he was at the facility daily</li> <li>- the car that needed repairs belonged to his brother</li> <li>- his brother did not have anywhere to store the car, he allowed it to remain in the facility's yard</li> <li>- will have the car removed from the facility's yard</li> <li>- will follow up with the repairs needed to the facility</li> </ul>	V 736		