

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/22/2024
NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME 3		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 SEABROOK ROAD RALEIGH, NC 27610		
(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, complaint and follow up survey was completed on October 22, 2024. The complaints were unsubstantiated (Intakes #NC 00221459 & #NC00222646). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 2 current clients and 1 former client.	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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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 develop a plan in partnership with the legally responsible person affecting 4 of 4 audited clients (#1, #3, #4 & #6) and 1 of 1 former client (FC #7), and failed to develop goals and strategies to meet the needs of 1 of 4 audited clients (#4). The findings are:</p> <p>Finding A:</p> <p>Review on 10/22/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/17/15 - Diagnoses of Schizophrenia, Hypothermia & Generalized Weakness - Own guardian - The treatment plan dated 4/25/24 was not signed by client #1 <p>Reviews on 10/17/24 & 10/22/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 6/21/23 - Diagnoses of Schizoaffective Disorder Depressive Type, Hypertension & Chronic Anemia - Own guardian - The treatment plan dated 3/9/24 was not signed by client #3 	V 112		

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V 112	<p>Continued From page 2</p> <p>Reviews on 10/17/24 & 10/22/24 of client 4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/2/24 - Diagnosis of Schizophrenia unspecified - The treatment plan dated 3/9/24 was not signed by client #4's guardian <p>Reviews on 10/17/24 & 10/22/24 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 6/26/21 - Diagnoses of Paranoid Schizophrenia, Alcohol Use Disorder, Gastroesophageal Reflux Disease & Moderate Asthma - The treatment plan dated 5/22/24 and updated on 9/24/24 was not signed by client #6's guardian <p>Reviews on 10/17/24 & 10/22/24 of FC #7's record revealed:</p> <ul style="list-style-type: none"> - Admitted 6/3/22 - Own guardian - Diagnoses of Schizophrenia, Liver Disease, Hyperlipidemia, Tobacco use & Non-Insulin Dependent Diabetes Mellitus Controlled - The treatment plan dated 11/1/24 was not signed by FC #7 <p>Interview on 10/22/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Was responsible for obtaining the guardian's signature on the treatment plans - The clients' treatment plans that weren't signed was an oversight <p>Interview on 10/22/24 the Licensee reported:</p> <ul style="list-style-type: none"> - She and the QP were responsible for obtaining the guardian's signature on the treatment plans - The treatment plans needed to be signed by the clients or their guardians 	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> - She though the treatment plans were signed by the clients/guardians - She didn't have the signed treatment plans <p>Finding B:</p> <p>Reviews on 10/17/24 & 10/22/24 of client 4's record revealed:</p> <ul style="list-style-type: none"> - The treatment plan dated 3/9/24 didn't have goals or strategies to address stealing <p>Interview on 10/21/24 client #2 reported:</p> <ul style="list-style-type: none"> - Client #4 stole from clients - Client #4 stole money and cigarettes <p>Interview on 10/21/24 client #5 reported:</p> <ul style="list-style-type: none"> - "[client #4] steals all the time" - Client #4 stole his cigarettes and money - Client #4 stole from everyone - He hid his items in the closet but client #4 found and took his items - Client #4 lied and denied stealing items when questioned <p>Interview on 10/17/24 client #6 reported:</p> <ul style="list-style-type: none"> - Knew the clients things were going missing in the facility - Client #4 stole from other clients - A former client had money stolen, but he wasn't sure who stole the money - Someone stole his money two months ago - The House Manager was aware of client #4 stealing <p>Interview on 10/17/24 the House Manager reported:</p> <ul style="list-style-type: none"> - Client #4 was accused of taking money and cigarettes from clients - "Since he (client #4) came here things have been missing" 	V 112		

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V 112	Continued From page 4 - Reported it to the Licensee - The Licensee asked client #4 but he denied it Interview on 10/22/24 the QP reported: - Was responsible for developing the clients' treatment plans - Was unaware client #4 stole from other clients in the facility - Getting information about the clients from the House Manager was difficult - The House Manager told her to speak with the Licensee if she asked questions about the clients Interview on 10/22/24 the Licensee reported: - The House Manager told her client #4 stole snacks - Didn't know if client #4 stole other items - She talked to client #4 about stealing - Didn't tell the QP about client #4's stealing because she thought it was a minor thing This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date;	V 113		

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V 113	<p>Continued From page 5</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a signed consent to seek emergency treatment from a hospital or physician</p>	V 113		

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V 113	<p>Continued From page 6</p> <p>for 2 of 4 audited clients (#3 & #6). The findings are:</p> <p>Reviews on 10/17/24 & 10/22/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 6/21/23 - Diagnoses of Schizoaffective Disorder Depressive Type, Hypertension & Chronic Anemia - Own guardian - No signed consent granting permission to seek emergency care <p>Reviews on 10/17/24 & 10/22/24 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted on 6/26/21 - Diagnoses of Paranoid Schizophrenia, Alcohol Use Disorder, Gastroesophageal Reflux Disease & Moderate Asthma - No signed consent granting permission to seek emergency care <p>Interview on 10/22/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - She didn't have the consents granting permission to seek emergency care for clients #3 & #6 - The Licensee was responsible for maintaining contact with the clients' guardians and obtaining consents - The Licensee was responsible for ensuring the clients' consents granting permission to seek emergency care were signed by the client/guardians <p>Interview on 10/22/24 the Licensee reported:</p> <ul style="list-style-type: none"> - Was responsible for ensuring clients' had consents granting permission to seek emergency care - Clients #3 & #6 had signed consents granting 	V 113		

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V 113	Continued From page 7 permission to seek emergency care - Believed the consents were in the client's "old record" The facility failed to provide the consents granting permission to seek emergency care prior to the exit of the survey. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 113		
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 clean and attractive manner. The findings are: Observation at 11:05am on 10/17/24 revealed: - Broken handle on the kitchen refrigerator door - Hole in the kitchen wall next to the hallway - Small round hole in the wall by the back door - Dirt on the floor in the corner of the wall by the back door - Dining room chairs are stained and dirty - Client #1 had scrapes on his wall behind the top of his bed - Client #5 had holes and spots on his wall - Client #2's bedroom had an odor of urine - Clients #3 & #6's bedrooms had beeping smoke detectors	V 736		

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V 736	<p>Continued From page 8</p> <p>Bathroom #1:</p> <ul style="list-style-type: none"> - Toilet paper holder was broken - Towel bar was missing <p>Bathroom #2:</p> <ul style="list-style-type: none"> - Paper towel holder was broken - Towel bar was missing - Toilet paper holder was missing <p>Bathroom #3:</p> <ul style="list-style-type: none"> - Toilet paper holder was missing <p>Bathroom #4:</p> <ul style="list-style-type: none"> - Sink with no running water - Dirty shower curtain had large orange and black stains <p>Interview on 10/17/24 the House Manager reported:</p> <ul style="list-style-type: none"> - Was responsible for cleaning the facility - The toilet paper holder and the towel holders broke last year (2023) - Last year client #3 threw a chair which caused the hole in the kitchen wall - Client #2's bedroom smelled like urine because client #2 didn't like taking showers - Hadn't heard the beeping smoke detectors - The smoke detectors just started beeping today and he planned to change the batteries - The shower curtain was stained orange from a client dyeing their hair - Couldn't recall how long the hole been in client #5's wall - The sink in bathroom #4 broke last week - He reported the needed repairs to the Qualified Professional (QP) <p>Interview on 10/22/24 the QP reported:</p> <ul style="list-style-type: none"> - The Licensee was responsible for the repairs 	V 736		

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V 736	Continued From page 9 in the facility - Didn't know if the Licensee had any of the needed repairs completed in the facility Interview on 10/22/24 the Licensee reported: - Visited the facility every other day - Was responsible for the repairs in the facility - Was aware of the bathroom sink not working and the broken refrigerator door - She repaired the broken toilet paper holder and towel holders - She also repaired the holes in the walls, but a client punched new holes in the walls - She purchased new dining room furniture for the facility - Was not aware of the lack of cleaning in the facility This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation & interview the facility failed to maintain the water temperatures between 100-116 degrees Fahrenheit. The	V 752		

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V 752	<p>Continued From page 10</p> <p>findings are:</p> <p>Observation at 11:05am on 10/17/24 revealed the following water temperatures:</p> <ul style="list-style-type: none"> - Kitchen: 92 degrees Fahrenheit - Bathroom #1: 94 degrees Fahrenheit - Bathroom #2: 88 degrees Fahrenheit - Bathroom #3: 92 degrees Fahrenheit <p>Observation & interview at 11:12am on 10/17/24 the House Manager reported:</p> <ul style="list-style-type: none"> - Checked the water monthly - Water temperatures were usually around 100 degrees Fahrenheit - The House Manager used a candy thermometer to check the water temperature in bathroom #2 and the reading was 102 degrees Fahrenheit <p>Interview on 10/22/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The water temperature was adjusted in February (2024) - Thought the water temperature was within the appropriate range - Was unaware the House Manager checked the water temperature with a candy thermometer - Planned to purchase a different thermometer <p>Interview on 10/22/24 the Licensee reported:</p> <ul style="list-style-type: none"> - She called maintenance in February (2024) and they turned up the hot water - The House Manager was responsible for checking the water temperatures monthly - The water temperatures were around 100 degrees Fahrenheit - Was unaware the House Manager checked the water temperature with a candy thermometer <p>This deficiency constitutes a re-cited deficiency</p>	V 752		

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V 752	Continued From page 11 and must be corrected within 30 days.	V 752			