

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-991	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/17/2024
NAME OF PROVIDER OR SUPPLIER CHISLEY'S WE CARE HOME SUPPORT		STREET ADDRESS, CITY, STATE, ZIP CODE 2430 SHEPHERD VALLEY STREET 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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/17/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 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.</p> <p>(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> <p>(E) name or initials of person administering the drug.</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>(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 observation, record review and interview the facility failed to administer medications on the written order of a physician and failed to keep MARs current for 1 of 3 clients (#3). The findings are:</p> <p>Review on 10/11/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 1/2/24 - diagnoses: Intellectual Developmental Disability, Intermittent Explosive Disorder, Bipolar and Attention Deficit Hyperactivity Disorder (ADHD) - a physician's order dated 9/17/24: - Quetiapine 150mg (milligrams) bedtime (Bipolar) - Melatonin 5mg bedtime (sleep) - Desmopressin 3mg bedtime (bed wetting) - Divalproex 500mg bedtime (Bipolar) - Guanfacine 1mg twice a day (ADHD) - Divalproex 250mg morning - a physician's order dated 5/21/24: - Emtricitabine 200mg everyday (prevent human immunodeficiency virus) - a physician's order dated 5/19/24: - Losartan potassium 50mg (blood pressure) - Ferrous Sulfate 325mg (iron) - Amlodipine 5mg everyday (blood pressure) 	V 118		

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V 118	Continued From page 2 Review on 10/11/24 of client #3's September & October 2024 MARs revealed: - Divalproex 250mg morning was not listed on the September or October MARs - no documentation of medication administered by staff for the above medications from 9/25/24 - 9/30/24 - refused to take all his medications documented on 9/24/24 Observation on 10/11/24 at 11:48am revealed: - client #3's above medications were prepackaged on a pill roll During interview on 10/11/24 the Licensee reported: - she reviewed the MARs for errors - was not aware of the missing staff initials on the September 2024 MAR from 9/25/24 - 9/30/24 - the missing initials on the September 2024 MAR were medication errors - she contacted the pharmacy on 10/11/24, the Divalproex 250mg was ordered by the physician after the MARs were sent to the facility - client #3 received all his medications, "they are prepackaged"	V 118		
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		

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V 290	<p>Continued From page 4</p> <p>Based on observation, record review and interview the facility failed to ensure 1 of 3 clients (#3) was capable of remaining in the community without supervision for specified periods of time. The findings are:</p> <p>Review on 10/11/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 1/2/24 - diagnoses: Intellectual Developmental Disability, Intermittent Explosive Disorder, Bipolar and Attention Deficit Hyperactivity Disorder - a treatment plan dated 4/17/24: "alone in the community or other setting away from the home? 6 hours...must keep his AFL (Alternative Family Living) providers updated at all times, by agreed upon communication, to assure safety while out in the community..." <p>Review on 10/11/24 of an email sent by the Licensee to the Division of Health Service Regulation (DHSR) surveyor of client #3's treatment plan revealed:</p> <ul style="list-style-type: none"> - a risk assessment dated 8/1/24 revealed the following: <ul style="list-style-type: none"> - 6 hours of unsupervised time - "requires a highly structured environment with specially trained staff to prevent or manage behaviors that imminently life threatening" - "requires close supervision due to risk of wandering away" - "requires support to prevent victimization in the home or community" - "requires support due to inability to make safe choices in the community" - a treatment plan dated 8/1/24: <ul style="list-style-type: none"> - "things that may create stress. situations where I'll need extra help: when he can't have his way then he will act out to try and get his way" - "trying to harm others when he becomes upset and express extreme behaviors when he 	V 290		

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V 290	<p>Continued From page 5</p> <p>can't have his way"</p> <ul style="list-style-type: none"> - "leaving the facility in the past without permission and stay gone for 3 days..." - "...what is working for me: unsupervised time is working for him, he abides by the time and return home as scheduled..." - "long range goal 1: will volunteer in his community setting: currently volunteers 2 days a week" - "long range goal 2: will increase his appropriate interactions functioning while maintaining his health and safety - "where am I now: per guardian member needs a lot of redirections and prompting throughout the day. [Client #3] needs to follow the rules and respect boundaries in the home and community" - "long range goal 3: will look for a job: had a job previously however, he did not have supports so he was fired" - "long range goal 5: will receive services throughout the year - where am I now: [client #3] have behavior issues in the home and community and needs a lot of reinforcement sometimes due to the negative behavior being displayed when he cannot have his way..." <p>Review on 10/11/24 of an incident report dated 9/24/24 for client #3 emailed to the DHSR surveyor by the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - "on 9/23/24 AFL (alternative family living) provider contacted Clinical Supervisor (CS) at approximately 11:50 (pm) and reported that [client #3] had not returned to the residence...authorized unsupervised time, however, he did not check in with AFL provider as per team guidelines. AFL provider said she called [client #3] several times but he did not answer his cell phone. CS instructed AFL provider to contact the [local police]. Police came to the AFL residence and 	V 290		

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V 290	<p>Continued From page 6</p> <p>completed the missing persons report. In the morning hours on September 24, the AFL provider attempted several times to contact [client #3] but was not successful. The CS attempted several times to contact [client #3] but was not successful. About 30 minutes later [client #3] called the CS and told him his location. CS contacted AFL provider, AFL provider contacted the police who told her that in order to remove him they would have to see him in person. When the police arrived at the location [client #3] had left...[staff#1/Licensee's husband] spoke with [client #3] and got his location...the police went [to location] and confirmed that [client #3] was present and in good health. [Client #3] was not happy with police presence and sent inappropriate messages to AFL provider... [client #3] returned to the AFL home (9/24/24) at 3:40pm..."</p> <p>Review on 10/11/24 of an email sent to the DHSR surveyor from the Licensee for client #3 regarding the 9/23/24 elopement revealed:</p> <ul style="list-style-type: none"> - some of the text messages between client #3 and the Licensee during the 9/23/24 - 9/24/24 elopement - Licensee: "Hi [client #3], checking on you....we need to know your ok...please answer my call or text..." - client #3: "hey there this is [client #3] I'm getting my own place soon I'm done with [Licensee]..." - client #3: "...since you sent the cops after my f*****g a** I'm done with your a** I'm f*****g done with you and [staff #1/Licensee's husband] both of your mother f*****g going to get the f*****g wrath of me" - Licensee: "[client #3] the office (officer) just have to come to make sure your ok so they can take you out of the missing persons system due 	V 290		

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V 290	<p>Continued From page 7</p> <p>to not coming home last night nor letting us know your ok..."</p> <ul style="list-style-type: none"> - client #3: [Licensee] I'm about to block your a** I can't even have fun because you're stupid a** Y'all n***** don't know who the f**k you f*****g with..." - client #3: "...your a** ever call the cops on me ever again...and I will change my number and block both your a** ..." <p>Observation on 10/10/24 at 4:49pm revealed the following:</p> <ul style="list-style-type: none"> - [client #4] came into the kitchen and spoke to the Licensee. He was excited about his new job. He was hired to door dash. He planned to use a bicycle to door dash. The Licensee reminded him he needed a work support person "due to your temper." She would speak with the QP and guardian regarding the new job. <p>During interview on 10/10/24 client #3 reported:</p> <ul style="list-style-type: none"> - he volunteered during the weekdays - did not volunteer today (10/10/24) but caught the city bus to the local department motor of vehicles (DMV) for an identification card (ID) - his new job required ID - was "too" excited about his new job to answer any further questions <p>During interview on 10/14/24 at 11:46am the Care Manager (CM) with the Local Management Entity/Managed Care Organization reported:</p> <ul style="list-style-type: none"> - she recently became client #3's CM - was not part of the April 2024 treatment team meeting - she was part of the June 2024 treatment team meeting and client #3 was not approved for any unsupervised time <p>During continued interview on 10/14/24 at 2:12pm</p>	V 290		

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V 290	<p>Continued From page 8</p> <p>the CM for client #3 reported:</p> <ul style="list-style-type: none"> - the June 2024 treatment team meeting was to review the treatment plan and his behaviors due to being his new CM - she forgot to remove the unsupervised time - "it was a discrepancy on my part" - since the June 2024 meeting for client #3, the Licensee had made her aware of threats made by client #3 and him not meeting curfew - client #3 was no longer in a PSR due to his behaviors - planned to discuss client #3's unsupervised time with the treatment team soon <p>During interview on 10/10/24 & 10/14/24 the Licensee reported:</p> <ul style="list-style-type: none"> - client #3 was admitted with 6 hours of unsupervised time a week - they had a treatment team meeting in June 2024 with a treatment plan start date of 8/1/24 - was not aware she did not have a copy of the 8/1/24 treatment plan until the DHSR surveyor made her aware - the care coordinator normally sent a copy of the treatment plans after each team meeting - she did not follow up with the care coordinator for the 8/1/24 treatment plan and requested the Qualified Professional (QP) to send a copy on 10/11/24 - requested the QP send the risk assessment today (10/14/24) - client #3 had a curfew of 8pm - on 8/24/24 - client #3 left the facility without staff knowledge and did not return until midnight - on 9/23/24 - client #3 did not meet curfew, the police was contacted and a missing person filed - he was discharged from the PSR in September 2024 due to his behaviors - part of his unsupervised time was to 	V 290		

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V 290	Continued From page 9 volunteer and attend the local community center - thought he volunteered today (10/10/24), was not aware he went to the DMV for an ID to work - it was not her sole decision for client #3 to have unsupervised time but the "treatment team's decision"	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 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. (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.	V 291		

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V 291	<p>Continued From page 10</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 for 1 of 3 clients (#3). The findings are:</p> <p>Review on 10/11/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 1/2/24 - diagnoses: Intellectual Developmental Disability, Intermittent Explosive Disorder, Bipolar and Attention Deficit Hyperactivity Disorder - a physician's order dated 9/17/24: Invega 156 milligrams inject every 4 weeks <p>Review on 10/11/24 of client #3's September 2024 medication administration record revealed:</p> <ul style="list-style-type: none"> - no documentation the Invega injection was administered <p>Review on 10/11/24 of an email sent to the (Division of Health Service Regulation) DHSR surveyor from the Licensee for client #3 dated 9/24/24 revealed:</p> <ul style="list-style-type: none"> - some of the text messages between client #3 and the Licensee during a 9/23/24 - 9/24/24 elopement - client #3: "hey there this is [client #3] I'm getting my own place soon I'm done with [Licensee]..." - Licensee: "Hi [client #3], checking on you....we need to know your ok...please answer my call or text..." - client #3: "...since you sent the cops after my f*****g a** I'm done with your a** I'm f*****g done with you and [staff #1/Licensee's husband] both 	V 291		

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V 291	<p>Continued From page 11</p> <p>of your mother f*****g going to get the f*****g wrath of me</p> <ul style="list-style-type: none"> - Licensee: "[client #3] the office (officer) just have to come to make sure your ok so they can take you out of the missing persons system due to not coming home last nigh nor letting us know your ok..." - client #3: [Licensee] I'm about to block your a** I can't even have fun because you're stupid a** Y'all n***** don't know who the f**k you f*****g with..." - client #3: "...your a** ever call the cops on me ever again...and I will change my number and block both your a**..." <p>During interview on 10/11/24 & 10/14/24 the Licensee reported:</p> <ul style="list-style-type: none"> - client #3 was supposed to receive lab work on 9/24/24 and his Invega injection on 9/26/24 - he refused to go to both appointments - had not spoken with the physician regarding other medication alternatives to calm client #3's behaviors - after further questions regarding the missed Invega injection, the Licensee contacted the physician's office on 10/11/24 - an appointment for the Invega injection was scheduled for 10/14/24 - the Invega injection calmed his behaviors which consisted of: verbal threats and aggression - he obtained the Invega shot on 10/14/24 after his father encouraged him to get the Invega shot <p>During interview on 10/14/24 a representative with client #3's physician's office reported:</p> <ul style="list-style-type: none"> - lab work was scheduled for 9/24/24 and he was a no show - rescheduled for 9/26/24 and client #3 was a no show - would have received his Invega injection at 	V 291		

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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 291	Continued From page 12 either the 9/24/24 or 9/26/24 appointment - no other appointments was scheduled until 10/14/24 in which lab work and the Invega shot was completed	V 291		
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 and interview the facility failed to maintain water temperatures between 100 - 116 degrees Fahrenheit. The findings are: Observation and interview on 10/10/24 between 3:12pm and 3:17pm of the facility's water temperatures revealed the following: - the kitchen's sink water temperature was 122 degrees Fahrenheit - the downstairs half bathroom's sink was 140 degrees Fahrenheit - the Licensee said "I can see the steam" from the half bathroom's sink water temperature - the upstairs bathroom's sink was 80 degrees Fahrenheit and the tub was 140 degrees Fahrenheit Further observation on 10/10/24 at 3:39pm of the water temperatures revealed:	V 752		

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V 752	<p>Continued From page 13</p> <ul style="list-style-type: none"> - staff #1/Licensee's husband used a digital thermometer to check the water temperature in the half bathroom downstairs - the water temperature registered at 151 degrees Fahrenheit <p>During interview on 10/10/24 clients #1 - #3 reported the following regarding the facility's water temperatures:</p> <ul style="list-style-type: none"> - client #1: "liked to see the steam come from the water." "I feel clean" - client #2: the water was "good" "just right" - client #3: "the water is fine" - they were able to adjust the water temperatures <p>During interview on 10/10/24 staff #1/Licensee husband reported:</p> <ul style="list-style-type: none"> - the clients complained last month (September 2024) the water temperatures were "too cool" - he did not check the water temperatures after he turned the water temperatures up - "the water temperatures could not be set correct on the water heater" - planned to get someone to look at the water heater <p>During interview on 10/10/24 the Licensee reported:</p> <ul style="list-style-type: none"> - a new water heater was installed last year - she and staff#1/Licensee's husband checked the water temperatures periodically prior to the water being turned up last month - it registered at 112 degrees Fahrenheit - they did not document the dates and water temperatures when they checked it <p>Review on 10/10/24 of the Plan of Protection written by the Licensee on 10/10/24 revealed:</p>	V 752		

Division of Health Service Regulation

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V 752	<p>Continued From page 14</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? My immediate response to this plan of protection was to immediately make adjustments by adjusting the water temperature today while [Division of Health Service surveyor] is here on site 10/10/24. Going forward we will make sure we check the water temperatures periodically to assure the safety of clients checking every week. Describe your plans to make sure the above happens. Our plan to make sure this does not happen again will be to check temperature periodically (weekly), make any adjustments as needed and to also have someone to check our hot water heater to make sure there is nothing wrong with it as to why were are getting different readings in different parts of the house. My husband (staff#1/Licensee's husband) will check to make sure."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Clients were admitted to the facility with primary diagnoses of Intellectual Developmental Disability, Intermittent Explosive Disorder, Bipolar and Attention Deficit Hyperactivity Disorder. The facility's water temperatures had different variations with the highest being 140 degrees Fahrenheit. The facility's staff checked the water temperatures periodically but did not record the water temperatures. This made it difficult to determine how long the water temperatures had been at 140 degrees Fahrenheit. This deficiency constitutes a Type A2 rule violation for substantial risk of serious physical harm and must be corrected with 23 days.</p>	V 752		