STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL010-077	A. BUILDING: _____ B. WING _____	12/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENYA AFL	800 JOSEPH WILLETTS DRIVE SE WINNABOW, NC 28479

(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 survey was completed on December 16, 2024. Deficiencies were cited. This 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 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the	V 118		

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V 118	Continued From page 1 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. This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 1 of 3 current clients (#2). The findings are: Review on 12/13/24 of client #2's record revealed: -Admitted on 7/1/18. -Diagnoses of Epilepsy unspecified not intractable without status epilepticus, Adjustment Disorder, Scoliosis and Cerebral Palsy. Review on 12/13/24 of client #2's signed physician orders dated 8/22/24 revealed: -EryPed 200 200 milligram(mg)/5 milliliter (ml) 4 ml via feeding tube 3 times daily.(gastrointestinal) -Erythromycin Ethylsuccinate 200mg/5ml 4ml orally 3 times daily. (gastrointestinal) Review on 12/13/24 of client #2's MARs from 10/1/24 - 12/13/24 revealed EryPed 200mg was documented administered as ordered. Observation on 12/13/24 at approximately 2:15pm of client #2's medications revealed: -EryPed 200mg and Erythromycin Ethylsuccinate	V 118	V118-Medications This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to administer medications as ordered by the physician and maintain accurate MAR affecting 1 of 3 clients. Plan of Correction: RHA AFL provider/QP will ensure all medications are administered as ordered by the physician, documented accurately on the MAR. RHA will ensure a back up medication is available in the event the pharmacy is not able to fill the original order. Monitoring will be the responsibility of the AFL provider/qp and will take place monthly/as needed. Completion Date 12/13/24 and ongoing.	

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V 118	Continued From page 2 200mg were not available onsite for review. Interview on 12/13/24 the Alternative Family Living Provider stated: -Client #2's EryPed 200mg and Erythromycin Ethylsuccinate 200mg were the same medication. -Both medications were his client #2's gastrointestinal. -It was difficult for the pharmacy to get the medication so when one was unavailable the other medication was filled. -Client #2 missed his EryPed 200mg at night on 12/12/24 and morning of 12/13/24. -She had contacted the pharmacy to request a refill. -She had not documented the MAR correctly to show medication had not been administered.	V 118		
V 539	27F .0102 Client Rights - Living Environment 10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.	V 539		

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V 539	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to provide accessible areas for personal privacy, affecting three of three audited clients (#1, #2, #3). The findings are: Review on 12/13/24 of client #1's record revealed: -Admitted on 1/29/23. -Diagnoses of Mild Intellectual Disability, Cortical blindness and Cerebral Palsy. Review on 12/13/24 of client #2's record revealed: -Admitted on 7/1/18. -Diagnoses of Epilepsy unspecified not intractable without status epilepticus, Adjustment Disorder, Scoliosis and Cerebral Palsy. Review on 12/13/24 of client #3's record revealed: -Admitted on 8/16/23. -Diagnoses of Mild Intellectual Disability and Depression. Observation on 12/13/24 at approximately 10:57am a tour of the facility revealed: -There was a swivel camera in client #1's bedroom on the wall shelf next to the bedroom door. -There was a swivel camera in client #2's bedroom on the bookshelf by the bedroom door. -There was a camera in client #3's bedroom on a stand alone shelf to the right of the bedroom door. Observation on 12/13/24 at approximately 11:25am of the camera views from the Alternative	V 539	V539 Client Rights/Living Environment This rule is not met as evidenced by based on record reviews, observations and interviews, the facility failed to provide accessible areas of personal privacy, affecting 3 of 3 audited clients. Plan of Correction: RHA will in-service AFL/QP on client rights to ensure personal privacy and prohibited use of camera's in private areas. RHA AFL will removed all said cameras from all 3 consumer bedrooms. RHA QP will monitor this process monthly/as needed. Completion date 12/13/24 and ongoing.	

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V 539	Continued From page 4 Family Living (AFL) Provider's cellphone revealed all client bedroom cameras had visual video views. Interview on 12/13/24 the AFL Provider stated: -She had cameras in the client bedrooms for audio only. -Client #1 and #3 had camera's in their bedroom since their admission. -Client #2 bedroom camera was placed in his room since December 2023. -She was not aware video cameras in the client bedroom's did not allow for personal privacy. Interview on 12/13/24 the Qualified Professional stated: -The facility had a "Consent for Rights Limitation" for use of camera's in the home. -She was not aware video cameras in the client bedroom's did not allow for personal privacy.	V 539		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 23, 2024

Sheri A Benya, Owner
Sheri Benya
800 Joseph Willetts Drive SE
Winnabow, NC 28479

Re: Annual Survey completed December 16, 2024
Benya AFL, 800 Joseph Willetts Drive SE, Winnabow, NC 28479
MHL # 010-077
E-mail Address: sbenya@atmc.net; tiffany.stokes@rhanet.org

Dear Ms. Benya:

Thank you for the cooperation and courtesy extended during the annual survey completed December 16, 2024.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is February 14, 2024.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, Team Leader at 910-214-0350.

Sincerely,

Tareva Jones, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: networkEngagement@trillium.nc.org, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Cathy Lytch, Director, Brunswick County DSS
Administrative Supervisor