| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| V 000 | INITIAL COMMENTS<br><br>An annual and follow-up survey was completed 1/27/25. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.<br><br>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 113 | 27G .0206 Client Records<br><br>10A NCAC 27G .0206 CLIENT RECORDS<br>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:<br>(1) an identification face sheet which includes:<br>(A) name (last, first, middle, maiden);<br>(B) client record number;<br>(C) date of birth;<br>(D) race, gender and marital status;<br>(E) admission date;<br>(F) discharge date;<br>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;<br>(3) documentation of the screening and assessment;<br>(4) treatment/habilitation or service plan;<br>(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;<br>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; | V 113 | | |

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| V 113 | Continued From page 1<br>(7) documentation of services provided;<br>(8) documentation of progress toward outcomes;<br>(9) if applicable:<br>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);<br>(B) medication orders;<br>(C) orders and copies of lab tests; and<br>(D) documentation of medication and administration errors and adverse drug reactions.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to maintain complete records affecting 3 of 3 audited clients (#1, #4, #5). The findings are:<br><br>Review on 1/23/25 client #1's record revealed:<br>- Admission: 1/1/18<br>- Diagnoses: Schizophrenia, Hyperthyroidism, Vitamin D Deficiency, and Obesity<br>- no documentation of copies of lab tests, consent to seek emergency care or emergency information<br><br>Review on 1/23/25 client #4's record revealed:<br>- Admission: unknown<br>- Diagnoses: Depressive Disorder, unspecified, Diabetes Mellitus, Type II, and Hypertension<br>- no documentation of an admission date, an admission assessment, emergency information, | V 113 | | |

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| V 113 | Continued From page 2<br>consent to seek emergency care, or copies of lab tests<br><br>Review on 1/23/25 client #5's record revealed:<br>- Admission: 1/1/18<br>- Diagnoses: Schizoaffective Disorder, History of Thyroid Malignancy, Hypothyroidism, and Vitamin D Deficiency<br>- no documentation of emergency information or copies of lab tests<br><br>Interview on 1/24/25 the Qualified Professional (QP) reported:<br>- The Administrator was responsible for making sure lab tests and client's annuals were in the client records<br>- "Usually" it was the Administrator's responsibility to make sure admission assessments, consents, and emergency contacts were in the records but she would get that "straightened out"<br><br>Interview on 1/24/25 & 1/27/25 the Administrator reported:<br>- He didn't know what happened to client #4's admission assessment<br>- Client #4's admission assessment must have been moved to another file<br>- The facility didn't keep records of the client's annual physicals<br>- The doctors office kept up with the client's yearly appointments and they didn't always fax the aftervisit summary to them<br>- He would start "demanding for it (aftervisit summary)" from the last annual visit and labs<br>- He had a form for the emergency contacts, and he would give the form to his clients to fill out so he could put it in their charts | V 113 | | |

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| V 114 | Continued From page 3 | V 114 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available<br>to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.<br>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the<br>facility.<br>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.<br>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.<br>(d) Each facility shall have a first aid kit accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure fire and disaster drills were completed at least quarterly & repeated for each shift. The findings are:<br><br>Review on 1/23/25 of the fire and disaster drills revealed:<br>- fire and disaster drills were not completed during early morning or late night hours<br>- most of the fire drills were conducted between 3:00pm - 7:00pm | V 114 | | |

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| V 114 | Continued From page 4<br>- most of the disaster drills were conducted between 4:00 - 7:30pm<br>- there were no disaster drills conducted from January 2024 - June 2024<br><br>Interview on 1/23/25 client #4 reported:<br>- been living at the facility about 6 years<br>- she did not know what to do for a tornado<br>- she would imagine they would do tornado drills but didn't think they did<br><br>Interview on 1/23/25 client #5 reported:<br>- been at the facility about 20 years<br>- did fire and disaster drills "maybe" every 6 months<br>- did not remember when the last fire or disaster drill was done<br><br>Interview on 1/24/25 the Qualified Professional reported:<br>- she visited the facility a "couple of times" per month<br>- she looked at the fire and disaster drills when she visited<br>- there should be a schedule for when the fire and disaster drills were to be completed<br>- she would get that "straightened out (no late night or early morning drills being completed)"<br><br>Interview on 1/27/25 the Administrator reported:<br>- He had not found any discrepancies with the fire and disaster drills<br>- He would ensure the fire & disaster drills were being completed at various times of the day and night<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 114 | | |

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| V 290 | Continued From page 5 | V 290 | | |
| V 290 | 27G .5602 Supervised Living - Staff<br><br>10A NCAC 27G .5602 STAFF<br>(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.<br>(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.<br>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:<br>(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<br>(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.<br>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:<br>(1) at least one staff member who is on | V 290 | | |

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| V 290 | Continued From page 6<br>duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and<br>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure clients were capable of remaining in the home or community without supervision affecting 3 of 3 audited clients (#1, #4, #5). The findings are:<br><br>A. Review on 1/23/25 client #1's record revealed:<br>- Admission: 1/1/18<br>- Diagnoses: Schizophrenia, Hyperthyroidism, Vitamin D Deficiency, and Obesity<br>- no documentation of an unsupervised time assessment being completed<br><br>Interview on 1/23/25 client #1 reported:<br>- she had been living in the facility for 4 or 5 years<br>- she attended a day program daily<br>- she rode public transportation to and from the day program<br>- there was no staff on public transportation<br>- she could sign in and out of the facility and go anywhere without staff<br>- she was unsure of how many hours she could be without staff<br><br>B. Review on 1/23/25 client #4's record revealed:<br>- Admission: unknown | V 290 | | |

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| V 290 | Continued From page 7<br>- Diagnoses: Depressive Disorder, unspecified, Diabetes Mellitus, Type II, and Hypertension<br>- no documentation of an unsupervised time assessment being completed<br><br>Interview on 1/23/25 client #4 reported:<br>- she had been living in the facility for 6 years<br>- she attended a day program during the week<br>- she rode public transportation<br>- there was no staff on public transportation<br>- she could stay in the house by herself and she was able to go to the store by herself<br>- she was not sure how many hours she could be without staff<br><br>C. Review on 1/23/25 client #5's record revealed:<br>- Admission: 1/1/18<br>- Diagnoses: Schizoaffective Disorder, History of Thyroid Malignancy, Hypothyroidism, and Vitamin D Deficiency<br>- no documentation of an unsupervised time assessment being completed<br><br>Interview on 1/23/25 client #5 reported:<br>- she had been living in the facility for 20 years<br>- she had her own car and took herself to her doctor appointments<br>- she attended a day program and used a transportation service to get to and from the program<br>- there was no staff in the transportation service's car<br>- she was able to go to the store on her own and stay in the house by herself<br><br>Interview on 1/27/25 staff #2 reported:<br>- the client's rode to their day programs on vans and "that's the only free time that I know about" | V 290 | | |

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| V 290 | Continued From page 8<br><br>Interview on 1/24/25 the Qualified Professional (QP) reported:<br>- she was responsible for unsupervised time assessments<br>- she had an assessment for unsupervised time that she filled out that asked questions to determine if the client was capable of having unsupervised time<br>- she thought she did them and gave them to the Administrator<br>- she would "revisit" that and add it to their treatment plans<br><br>Interview on 1/24/25 & 1/27/25 the Administrator reported:<br>- he and the QP had not done any unsupervised time assessments<br>- the QP would be responsible for doing unsupervised time assessments<br>- he had already discussed the unsupervised time assessments with the QP and "she will be taking care of that" | V 290 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the | V 367 | | |

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| V 367 | Continued From page 9 | V 367 | | |

Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of

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| V 367 | Continued From page 10<br>becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).<br>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to report a Level II incident to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are: | V 367 | | |

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| V 367 | Continued From page 11 | V 367 | | |

Review on 1/22/25 of the Incident Response Improvement System (IRIS) revealed:
- no reports completed for this facility in January 2025

Observation on 1/23/25 at approximately 10:00am revealed:
- new stove in the kitchen

Interview on 1/23/25 staff #1 reported:
- about a week ago, she was unable to turn the stove off and it was smoking "really bad"
- she called the fire department and they came out and turned off the stove
- the Administrator purchased a new stove

Interview on 1/23/25 client #1 reported:
- the stove caught on fire
- she helped put it out with the fire extinguisher
- the fire department came out
- no one was hurt but it was a lot of smoke

Interview on 1/24/25 the Qualified Professional (QP) reported:
- she was responsible for completing IRIS reports
- she "overlooked" completing an IRIS report for the fire
- she would "get it done"

Interview on 1/24/25 the Administrator reported:
- the fire in the kitchen happened on 1/16/25
- no clients were injured but the clients were helping to put the fire out
- client #1 sprayed the fire extinguisher
- he told the QP to do an incident report
- the QP didn't think an incident report needed to be done

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| V 736 | Continued From page 12 | V 736 | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility was not maintained in a safe, attractive and orderly manner. The findings are:<br><br>Observation on 1/23/25 at approximately 10:30am revealed:<br><br>- Client #1 & Client #2's shared bathroom:<br>- 1 lightbulb out of 6 was not working<br>- rust stains around the light fixture in the ceiling<br>- slow drain in the sink causing a slow drain<br><br>- Client #3's bedroom:<br>- ceiling fan lights did not work (about 4 lightbulbs)<br><br>- Client #4's bedroom:<br>- ceiling fan lights did not work (about 4 lightbulbs)<br><br>- Client #5's bathroom<br>- air vent in ceiling did not work when switch was turned on<br><br>- Living Room #2:<br>- 5 broken televisions (TV's)<br>- 2 old walkers<br>- 1 wheelchair not being used | V 736 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL092-955 | A. BUILDING: _____ B. WING _____ | R 01/27/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VICTORY HEALTHCARE SERVICES 2 | 1421 PJ FARMS LANE RALEIGH, NC 27603 |

| (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 736 | Continued From page 13<br>- 1 bedside commode<br>- 1 broken microwave<br><br>Interview on 1/24/25 & 1/27/25 the Administrator reported:<br>- he called maintenance to fix any problems in the facility<br>- if it was too much money, he would involve the landlord and they would have it fixed<br>- staff notified him of any maintenance issues<br>- the TV's in the 2nd living room had been there for a couple of months<br>- he was trying to get rid of the TVs that were being stored in Living Room #2, but he couldn't lift them by himself, and he was trying to get help<br>- he would dispose of all the stored items from previous clients<br>- staff did not notify him of any maintenance issues and he would call maintenance to make the needed repairs | V 736 | | |