

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-986</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DIVINE SUPPORTIVE HOMES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>604 SE MAYNARD ROAD</b> <b>CARY, NC 27511</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	INITIAL COMMENTS  An annual and follow up survey was completed on March 21, 2025. Deficiencies were cited.  This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  The facility is licensed for six and has a current census of five. The survey sample consisted of audits of three current clients.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	V 107		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a complete personnel record affecting one of one audited paraprofessional staff (#1). The findings are:</p> <p>Review on 3/27/25 of staff #1's personnel record revealed: -Date of hire was 3/23/25. -She was hired as a Direct Care Staff. -No documentation of proof of education.</p> <p>Interview on 3/27/25 with staff #1 revealed: -She had completed high school in another state. -She was in the process of obtaining the requested documentation.</p>	V 107		

Division of Health Service Regulation

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V 107	Continued From page 2  Interview on 3/27/25 with the Director revealed: -He had requested staff #1 to provide proof of education. -He confirmed the facility failed to have a complete personnel record for staff #1.	V 107		
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		

Division of Health Service Regulation

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V 112	Continued From page 3  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have an updated treatment plan with written consent or agreement by the client's guardian or responsible party affecting one of three audited clients (#3). The findings are:  Review on 3/27/25 of client #3's record revealed: -Admission date of 5/14/21. -Diagnoses of Intellectual Developmental Disability and Generalized Anxiety Disorder. -Treatment plan was dated 9/20/24. -She had a legal guardian. -There was not an updated signature or written consent from the legal guardian.  Interview on 3/27/25 with the Qualified Professional revealed: -She was responsible for ensuring clients' treatment plans were current. -She thought the treatment plan was signed. -She acknowledged client #3's treatment plan had not been signed by their legal guardian.  This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 4</p> <p>request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were completed quarterly on each shift. The findings are:</p> <p>Review on 3/27/25 of the facility fire drill log from March 2024 to March 2025 revealed: -There was no documentation that fire drills were conducted for the 4th quarter (October, November and December) of 2024 for all 3 shifts. -There was no documentation that fire drills were conducted for the 3rd quarter (July, August and September) of 2024 for 1st shift. -There was no documentation that fire drills were conducted for the 2nd quarter (April, May and June) of 2024 for all 3 shifts.</p> <p>Review on 3/27/25 of the facility disaster drill log from March 2024 to March 2025 revealed:</p>	V 114		

Division of Health Service Regulation

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V 114	Continued From page 5  -There was no documentation that disaster drills were conducted for the 4th quarter (October, November and December) of 2024 for all 3 shifts. - There was no documentation that disaster drills were conducted for the 3rd quarter (July, August and September) of 2024 for 1st and 3rd shift. - There was no documentation that disaster drills were conducted for the 2nd quarter (April, May and June) of 2024 for all 3 shifts.  Interview on 3/27/25 with client #1 revealed: -Fire drills were completed once a month. -She stated the meeting point was at the mailbox.  Interview on 3/27/25 with staff #1 revealed: -She had not completed any drills since employed. -She was trained to complete drills monthly.  Interview on 3/27/25 with the Director revealed: -Staff were to complete drills during monthly. -Shifts for the drills were 1st shift 7am-3pm, 2nd shift 3pm-11pm and 3rd shift 11pm-7am and weekends were 12-hour shifts. -He acknowledged the facility failed to conduct fire and disaster drills quarterly on each shift.  This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 114		
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.	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</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> <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> </p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure the medications were administered on the written order of a physician affecting 1 of 4 audited current clients (#1). The findings are:</p> <p> </p> <p>Review on 3/27/25 of client #1's record revealed: -Admission date was on 7/5/23. -Diagnoses of Intellectual Developmental</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Disability, Schizophrenia and Bipolar Disorder -FL 2 dated 2/28/25 revealed: -Nicotine 7 milligrams (mg), apply 1 patch topically every day for 14 days. -Divalproex Sodium 250mg, take 3 tablets every morning. -Divalproex Sodium 250mg, take 1 tablet at bedtime. -Risperidone 2mg, take 1 tablet at bedtime. -Trazodone 150mg, take 1 tablet twice daily.</p> <p>Observation on 3/27/25 at approximately 2:36pm of client #1's medication bin revealed: -There were no nicotine patches in the facility.</p> <p>Observation on 3/27/25 at approximately 11:57am of the Owner calling the pharmacist revealed: -The pharmacist stated the prescription was last filled on 10/24. -The pharmacist stated there were no more refills. -To remove the listing from the MAR, the physician would need to provide an order to the pharmacy stating the nicotine patch is discontinued.</p> <p>Interview on 3/27/25 with client #1 revealed: -She could not recall the last time she had used the patch. -She stated it had been quite some time.</p> <p>Interview on 3/27/25 with the Qualified Professional revealed: -She was responsible for reviewing of the Medication Administration Records (MARs) and medications during her monthly visits. -To her knowledge client #1 had refused the nicotine patch. -She had not noticed there were no nicotine</p>	V 118		



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V 118	<p>Continued From page 8</p> <p>patches in the facility. -She would contact the physician to obtain an order to discontinue the nicotine patch.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if the client received their medication as ordered by the physician.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 118			