PRINTED: 08/04/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED			
		MHL0411264	B. WING		08/01/2025			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
DESTINY	DESTINY CARE LIVING 4707 WESTWOOD ROAD							
	I		ORO, NC 274		1	\dashv		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	:		
V 000	INITIAL COMMENTS		V 000					
	An annual survey was 2025. Deficiencies we	s completed on August 1, ere cited.						
		d for the following service 27G .5600F Supervised Family Living.						
This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.								
V 290	27G .5602 Supervise	d Living - Staff	V 290					
	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 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. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (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							

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0411264		B. WING		08/01/2025		
	ROVIDER OR SUPPLIER	4707 WES	PRESS, CITY, STA FWOOD ROAD ORO, NC 2741			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 290			V 290			
	failed to ensure a clie remaining in the facili supervision for 1 of 2 The findings are: Review on 7/31/25 of -Admission date of 6/-Diagnoses of Modera Developmental Disab Syndrome.	ew and interview, the facility int's continued capability of ty or community without staff current clients (Client #1). Client #1's record revealed: 16/25. ate Intellectual ility (IDD) and Down's ent which documented Client of unsupervised time				

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Review on 7/31/25 of a 7/30/25 incident report for

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I'		` '	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _					
MHL0411264		B. WING		08/01/2025			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
DESTINY	CARE LIVING	4707 WES1	WOOD ROAD				
DESTINI	CARE LIVING	GREENSB(ORO, NC 2741	10			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 290	Continued From page	2	V 290				
	Client #1 revealed: -She was left outdoor two friends without m to the facility.	s on a university campus by oney to pay for a ride back #1 about a ride back to the					
	geographical location revealed: -An outside temperati	a local weather report in the of the university campus ure of 92 degrees at index between 100-105					
	-She had been living monthShe lived on her own university and prior to -On the previous day money on lunch for hin the community and for a rideshare back t -She called Staff #1 to facilityShe could stay witho and in the community -She did not know ab who took her out into days a week"If there's an emerge by myself, I will go ba door or go in the bath -She had her own pho	(7/30/25), she spent her erself and two friends while had no money left to pay to the facility. The betransported back to the sut a staff while at the facility of the community a couple of the community a couple of the community and close the room or my closet."					
	with the Local Manag Organization revealed	ith Client #1's Care Manager ement Entity/Managed Care d: ised time for 4-6 hours daily					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		7 20.22				
MIII 04442C4		B. WING		00/04/0005		
		MHL0411264			08/0	1/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DESTINY	CARE LIVING	4707 WES	TWOOD ROAD			
DECTINA	DAIL LIVING	GREENS	30RO, NC 274	10		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 290	Continued From page	: 3	V 290			
		ient #1 and her mother. 's unsupervised time				
	-She was the AFL Pro-Client #1 was her ow -Client #1's day progr Client #1 walked out of previous day (7/30/25) wanted to be at the pro-Client #1 met with 2 community, bought he with her money, and worked area on the grocampusWhen Client #1 called the facility, Client #1 sthe university campus specific location.	In guardian. am staff notified her that of her day program on the of because she no longer rogram. friends while in the erself and her friends' lunch was then left alone in a bounds of a university d to ask for a ride back to eaid she was "in a circle" on a but could not provide a				
	-Although Client #1 had unsupervised time be did not agree Client # facility or in the commodecisions did not ensured the commodecisions did not ensured the commodecisions did not need 24-hour. She understood from Client #1 had a histor. Client #1 had a commodecision take her into the commodecision always available. -She or Staff #2 were Client #1 was present.	ad an assessment for tween 4-6 hours a day, she 1 should be left alone at the funity because Client #1's fure her safety. The was self-sufficient and supervision. To Client #1's mother that by of walking away. The munity networking staff to fununity but this staff was not present at the facility when the staff to t				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DESTINA	CARE LIVING	4707 WES	TWOOD ROAD	1		
DESTINI	CARE LIVING	GREENSE	BORO, NC 2741	10		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP	D BE COMPLETE	
V 742	Continued From page	e 4	V 742			
V 742	27G .0304(a) Privacy	,	V 742			
	EQUIPMENT (a) Privacy: Facilities constructed in a man	4 FACILITY DESIGN AND shall be designed and ner that will provide clients , dressing or using toilet				
	This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide client privacy while bathing and using the toilet facilities. The findings are: Observation on 7/31/25 of the facility between 12:54 pm-1:30 pm revealed: -A staff bathroom was adjacent to the staff's bedroomA shared client bathroom which required Client #2 to walk through Client #1's bedroom to access bathing and toileting facilities.					
	-Confirmed she and (-Client #2 had to walk to the bathroom.	with Client #1 revealed: Client #2 shared a bathroom. It through her bedroom to get asleep when Client #2 droom to go to the				
	-"We share a bathroo go right in her room to	with Client #2 revealed: m, me and the other girl. I o use the bathroom and I try ne won't speak to me."				
		rith Staff #1 revealed: nt #2 to use the staff's and bathing to address their				

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privacy.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
DESTINY	CARE LIVING		TWOOD ROAD ORO, NC 2741			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 752	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors. (4) In areas of texposed to hot water, water shall be maintadegrees Fahrenheit. This Rule is not metabased on observation where clients were exfacility failed to ensure maintained between a Fahrenheit. The findin Observation on 7/31/2 part of the tub water temperature bathroom was 126 delathroom was 124 de	ity shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116 as evidenced by: and interview, the areas sposed to hot water, the enthe water temperature was 100-116 degrees are: 25 of the facility between vealed: erature in the shared client argrees Fahrenheit. with Client #2 revealed: it's nice and hot but not too	V 752			

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