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	MHL092-958	A. BUILDING: _____ B. WING _____	R 09/11/2025

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DIVINE SUPPORTIVE HOMES	3905 MARSH CREEK ROAD RALEIGH, NC 27604

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on September 11, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. 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 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		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to obtain a written consent by a responsible party for a client's treatment plan affecting one of three audited clients (#1) and failed to schedule a review of a plan at least annually affecting one of three audited clients (#2). The findings are:

Review on 9/10/25 of client #1's record revealed:
-Admission date of 4/1/18.
-Diagnoses of Intellectual Disability-unspecified, Schizophrenia-depressed type and Post Traumatic Stress Disorder.
-Person Centered Plan (PCP) dated 1/3/25.
-PCP had no written consent or agreement by client #1's responsible party.

Review on 9/10/25 of client #2's record revealed:
-Admission date of 1/4/23.
-Diagnoses of Schizophrenia, Hypertension and Attention Deficit Hyperactivity Disorder.
-PCP dated 6/5/24.
-There was no documentation of a current plan.

Interviews on 9/10/25 and 9/11/25 with the Director revealed:
-The Qualified Professional was responsible for the PCPs.
-He was not sure why there was no guardian signature for client #1's PCP.
-He was sure why the PCP was not current for

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V 112	Continued From page 2 client #2. -He confirmed the facility failed to have written consent or agreement by client #1's responsible party. -He confirmed the facility failed to schedule a review of a plan at least annually for client #2. This deficiency has been cited two time(s) since the original cite on 7/17/23 and must be corrected within 30 days.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (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; (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 3 (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (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. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain required documentation in the client records affecting two of three audited current clients (#1 and #3). The findings are: Review on 9/10/25 of client #1's record revealed: -Admission date of 4/1/18. -Diagnoses of Intellectual Disability-unspecified, Schizophrenia-depressed type and Post Traumatic Stress Disorder. -A signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician. Review on 9/10/25 of client #3's record revealed: -Admission date of 4/1/18. -Diagnosis of Schizophrenia-paranoid type. -A signed statement from the client or legally	V 113		

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V 113	Continued From page 4 responsible person granting permission to seek emergency care from a hospital or physician. Interview on 9/10/25 with the Director revealed: -"Both clients had the emergency medical consent forms." -"The emergency medical consents were possibly misplaced or filed wrong in the charts." -He confirmed the facility failed to maintain completed records for clients #1 and #3.	V 113		
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 request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:	V 114		

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V 114	Continued From page 5 Review on 9/10/25 of the facility's fire and disaster drill log from September 2024-September 2025 revealed: -The Director failed to conduct a fire and disaster drill during his shift for the 2nd quarter (April, May, June) of 2025. -The Director failed to conduct a fire drill during his shift for the 1st quarter (January, February, March) of 2025. -There were no disaster drills conducted for the 1st quarter (January, February, March) of 2025. -The Director failed to conduct a fire and disaster drill during his shift for the 4th quarter (October, November, December) of 2024. -The Director failed to conduct a fire and disaster drill during his shift for the 3rd quarter (July, August, September) of 2024. Interview on 9/10/25 with client #2 revealed: -They did fire drills monthly. -They went outside for the fire drills. -He wasn't sure what they did for disaster drills. Interview on 9/10/25 with client #3 revealed: -They walked outside to the mailbox for fire drills. -They went into the hallway for disaster drills and got onto their knees. Interview on 9/10/25 with staff #1 revealed: -She worked 2 weeks on and 2 weeks off at the facility each month. -The Director worked the other 2 weeks during the month. -She did the "majority" of the fire and disaster drills each month. Interview on 9/10/25 with the Director revealed: -He worked 2 weeks on and 2 weeks off at the facility.	V 114		

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V 114	Continued From page 6 -He was the relief person for staff #1. -"I thought it was ok for one person to be doing all of the fire and disaster drills." -He didn't realize he had to conduct fire and disaster drills during his shift. -He confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. This deficiency has been cited two time(s) since the original cite on 7/17/23 and must be corrected within 30 days.	V 114		
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	V 290		

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V 290	Continued From page 7 emergency back-up procedures determined by the governing body; or (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. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (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 (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to review the plan annually to ensure clients continue to be capable of remaining in the community without supervision for specified periods of time for one of three audited clients (#3). The findings are: Review on 9/10/25 of client #3's record revealed: -Admission date of 4/1/18. -Diagnosis of Schizophrenia-paranoid type. -Unsupervised time assessment for another facility dated 8/6/19-Two hours in the community unsupervised. -No documentation that client #3's plan was	V 290		

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V 290	Continued From page 8 reviewed annually to ensure he remained capable of unsupervised time in the community without supervision. Interview on 9/11/25 with client #3 revealed: -He had unsupervised in the community. -He walked to the store in the area "about 2-3 days a week." -He "occasionally" rode the bus to stores in the area. Interview on 9/10/25 with staff #1 revealed: -Client #3 had unsupervised time in the community for 2 hours. -He walked to the stores in the neighborhood. -He also caught the bus to different places throughout the local city. Interview on 9/10/25 with the Director revealed: -Client #3 had unsupervised time in the community. -He knew client #3's unsupervised time was not reviewed within the year. -He wasn't sure why client #3's unsupervised time was not reviewed within the year. -He confirmed client #3's plan was not reviewed annually to ensure he remained capable of unsupervised time in the community without supervision. This deficiency has been cited two time(s) since the original cite on 7/17/23 and must be corrected within 30 days.	V 290		