

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-859</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/29/2025</b>
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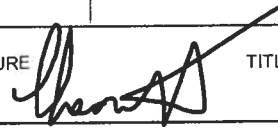
NAME OF PROVIDER OR SUPPLIER  <b>DESTINY FAMILY CARE HOME 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1238 FAIRLANE ROAD CARY, NC 27511</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 10/29/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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



TITLE

Qualified Professional

(X6) DATE

11/11/2025

RECEIVED

DEC 01 2025

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V 105	Continued From page 1  (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards for the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:  Review on 10/28/25 of client #1's record revealed: - Admitted: 1/25/21 - Diagnoses: Diabetes, Anemia, Constipation, Brain Injury, Short term memory loss, and Depressive Disorder - A physician order dated 10/10/25 revealed: - test blood sugar (BS) once daily (diabetes)  Interview on 10/28/25 client #1 reported: - She didn't "stick" her finger herself - She didn't remember "sticking" her finger for BS checks  Interview on 10/28/25 & 10/29/25 the Qualified Professional reported: - She would start the process for the CLIA waiver because she didn't know that it was already cited - The Licensee never told her that a CLIA waiver was needed - She was familiar with the CLIA waiver, and she would have started that a long time ago if she knew - She would work with the Licensee on getting the process started - It would be easier to just have a CLIA waiver	V 105	QP will start application (CMS-116) for the CLIA waiver with DHHS for staff to perform glucometer blood sugar checks for consumers with blood sugar check orders. QP and administrator will select Lab Director to perform staff trainings and follow compliance orders for waiver. Facility will keep in accordance with waiver rules and regulations.	11/27/2025

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V 105	Continued From page 3  on record  Attempted phone call to the Licensee on 10/29/25 and the voicemail was full.  Attempted text message sent to the Licensee on 10/29/25 and no response.  This deficiency has been cited 4 times since the original cite on 6/26/23 and must be corrected within 30 days.	V 105		
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 interview, the facility failed to conduct fire and disaster drills at least quarterly and repeated on each shift. The findings	V 114	QP has started and continued to conduct fire drills and disaster drills with staff and consumers upon start with the agency.	12/27/25

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V 114	<p>Continued From page 4</p> <p>are:</p> <p>Review on 10/28/25 of the facility's fire and disaster drill logbook revealed:</p> <ul style="list-style-type: none"> <li>- No fire drills from October 2024 - June 2025</li> <li>- No disaster drills from October 2024 - May 2025</li> </ul> <p>Interview on 10/28/25 client #5 reported:</p> <ul style="list-style-type: none"> <li>- Didn't remember how long she had been living in the facility</li> <li>- Had not done any fire or disaster drills since being admitted</li> </ul> <p>Interview on 10/28/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- Fire drills were done monthly and disaster drills were completed quarterly</li> <li>- She was responsible for checking fire and disaster drills to make sure they were being completed</li> <li>- The fire and disaster drills that were in the logbook were the only ones completed since she had been at the facility</li> </ul> <p>Interview on 10/29/25 the QP reported:</p> <ul style="list-style-type: none"> <li>- She had noticed that the drills weren't done</li> <li>- She could only "move forward" in making sure they were being completed</li> </ul> <p>Attempted phone call to the Licensee on 10/29/25 and the voicemail was full.</p> <p>Attempted text message sent to the Licensee on 10/29/25 and no response.</p>	V 114	(Continued): QP will ensure that fire drills and disaster drills are conducted at least quarterly with staff and interview consumers to ensure compliance. QP will ensure that fire and disaster drills are conducted upon each shift.	
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION	V 121		

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V 121	<p>Continued From page 5</p> <p><b>REQUIREMENTS</b> (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 3 audited clients (#1, #3) had a drug regimen review at least every six months. The findings are:</p> <p>Review on 10/28/25 client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/25/21</li> <li>- Diagnoses: Anemia, Constipation, Brain Injury, Short term memory loss, Depressive disorder, and Diabetes</li> <li>- Physician order dated 10/10/25 revealed:             <ul style="list-style-type: none"> <li>- Depakote Extended Release (ER) 250 milligram (mg) tablet (tab), 1 tab in the morning (mood)</li> <li>- Sertraline 100mg tab, 1 tab in the morning, (antidepressant)</li> </ul> </li> <li>- no documentation of an updated drug regimen review</li> </ul> <p>Review on 10/28/25 client 1#'s April 2025 - October 2025's MAR revealed:</p>	V 121	<p>QP has received pharmacy reviews from Nuevo Pharmacy for all consumers in the home. QP has reviewed the forms for compliance. QP will alert pharmacy of upcoming quarterly/6 month reviews when necessary. QP will ensure that the pharmacy reviews are completed when it is time and placed in the consumers charts.</p>	10/30/25

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V 121	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Depakote and Sertraline were listed and initialed by staff as being administered</li> </ul> <p>Review on 10/28/25 client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/28/21</li> <li>- Diagnoses: Schizophrenia, Multiple Sclerosis, Substance Use Disorder, Obesity and Nicotine Dependent Disorder</li> <li>- Physician order dated 10/17/25 revealed:               <ul style="list-style-type: none"> <li>- Clozapine 200mg tab, 1 tab nightly (antipsychotic)</li> <li>- Risperidone 4mg tab, 1 1/2 tabs nightly (antipsychotic)</li> </ul> </li> <li>- no documentation of an updated drug regimen review</li> </ul> <p>Review on 10/28/25 client #3's April 2025 - October 2025's MAR revealed:</p> <ul style="list-style-type: none"> <li>- Clozapine and Risperidone were listed and initialed by staff as being administered</li> </ul> <p>Interview on 10/28/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- She had been trying to call the pharmacy for over a month to get a pharmacy review done</li> <li>- Her last attempt of calling the pharmacy was this morning, 10/28/25</li> <li>- She had not been able to get in touch with anyone to schedule a pharmacy review</li> </ul> <p>Interview on 10/29/25 the QP reported:</p> <ul style="list-style-type: none"> <li>- She called the pharmacy again this morning, 10/29/25 and the technician said they would tell the Pharmacist</li> <li>- She was not able to speak directly to the Pharmacist</li> </ul> <p>Attempted phone call to the Licensee on 10/29/25 and the voicemail was full.</p>	V 121		

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V 121	Continued From page 7  Attempted text message sent to the Licensee on 10/29/25 and no response.	V 121		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which	V 289		

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V 289	<p>Continued From page 8</p> <p>serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope of their program by admitting clients without developmental disabilities affecting 3 of 5 clients (#1, #3, #4). The findings are:</p> <p>Review on 10/28/25 of the facility's license revealed: - The facility was licensed for Supervised</p>	V 289	<p>QP will ensure that current consumers are re-evaluated by their psychiatrist to determine and validate IDD diagnosis. Consumers will have assessment and new FL2 completed and reviewed by doctor. QP will make changes based on the determination of the physician.</p>	12/27/25.

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V 289	<p>Continued From page 9</p> <p>Living for Adults with Developmental Disabilities</p> <p>Review on 10/28/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/25/21</li> <li>- Diagnoses: Anemia Constipation, Brain Injury, Short term memory loss, Depressive Disorder, Diabetes</li> <li>- No documentation of an Intellectual Developmental Disorder (IDD) diagnosis</li> </ul> <p>Review on 10/28/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 9/28/21</li> <li>- Diagnoses: Schizophrenia, Multiple Sclerosis, Substance Use Disorder, Obesity, and Nicotine Dependent Disorder</li> <li>- No documentation of an IDD diagnosis</li> </ul> <p>Review on 10/28/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 7/18/22</li> <li>- Diagnoses: Schizoaffective Disorder, Type 2 Diabetes, Hyperlipidemia, and Mild IDD (written on the face sheet only and no other documentation in the record showing IDD diagnosis or assessment)</li> </ul> <p>Interview on 10/28/25 &amp; 10/29/25 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- She had not seen an assessment with an IDD diagnosis for the above clients</li> <li>- She copied the diagnoses from a previous face sheet onto a new face sheet</li> <li>- She planned on making an appointment with their Psychiatrist for an updated assessment to confirm and actually have documentation of an IDD diagnosis</li> <li>- She asked client #3's treatment team worker for a copy of her updated assessment to confirm</li> </ul>	V 289		

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V 289	Continued From page 10  IDD diagnosis  Attempted phone call to the Licensee on 10/29/25 and the voicemail was full.  Attempted text message sent to the Licensee on 10/29/25 and no response	V 289		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean and attractive manner. The findings are:  Observation on 10/28/25 at approximately 2:15pm revealed: - Ceiling around the fireplace had several brown stains with paint peeling off in multiple places throughout the stain - The hallway bathroom had dime sized black stains around the bathtub sealant and multiple black stains in the bottom of the bathtub - The hallway bathroom had standing water in the sink - The paint behind the hallway bathroom door had an area with peeling paint - The wood on the front door was chipped, exposing the latch of the doorknob - The closet door in client #1's bedroom was missing a doorknob - Client #1's bedroom had a TV in the corner of	V 736	Facility administrator has called plumber for standing water issues. Water in sinks and tubs are now draining correctly and efficiently. QP has purchased bulbs to replace the bulbs that have burnt out in all the consumer bathrooms. Facility administrator will employ handy man for repairs to door, door knob, ceiling and wall paint, and closet door off glide.  Facility director will ensure that any other repairs needed are reported by staff, inspected by self and QP, and completed in timely manner to ensure safe and clean environment.	11/27/25

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-859</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/29/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESTINY FAMILY CARE HOME 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1238 FAIRLANE ROAD 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 736	<p>Continued From page 11</p> <p>her room sitting in a wheelchair on its face with a box on top of it</p> <ul style="list-style-type: none"> <li>- The ceiling in client #4's bathroom had multiple small black stains throughout the ceiling</li> <li>- Client #4's bathroom sink was full to the top with standing water</li> <li>- Client #4's bathroom had 1 lightbulb missing and 1 lightbulb not working out of 3 lightbulbs</li> <li>- The double sliding closet doors in client #5's bedroom was off the track and leaned against the wall</li> <li>- The vent in the hallway was rusted and dirty</li> </ul> <p>Interview on 10/29/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- The Licensee was responsible for repairs to the facility</li> <li>- Her understanding about repairs was that the Licensee had her own maintenance person that did minor repairs and the ceilings and doors would have to go through the landlord</li> </ul> <p>Attempted phone call to the Licensee on 10/29/25 and the voicemail was full.</p> <p>Attempted text message sent to the Licensee on 10/29/25 and no response.</p> <p>This deficiency has been cited 7 times since the original cite on 5/23/22 and must be corrected within 30 days.</p>	V 736		