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
	MHL079-132	A. BUILDING: _____ B. WING _____	07/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAYETTEVILLE STREET COMMUNITY LIVING I	855 MORGAN ROAD EDEN, NC 27288

(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 survey was attempted on 7/11/18. According to the Administrator/Chief Executive Officer (A/CEO), there are no clients currently being served at the facility. The facility was licensed in August 2017 and had not admitted any clients since its licensure. This facility is licensed for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disabilities. Review on 7/11/18 of the Master Facility File revealed: - The facility had received its initial license on 8/30/17 - The facility submitted a request for a 2018 license on 12/5/17 and a license for 2018 printed on 1/5/18 Interview on 7/11/18 with the A/CEO revealed: - The facility was not serving any clients currently; however, she anticipated she would begin serving a client or clients prior to the end of July 2018 - She had signed a contract with two Local Management Entities (LMEs) and hoped to be receiving referrals from each of them in the near future - The facility was also in the process of receiving accreditation from The Commission on Accreditation of Rehabilitation Facilities (CARF) - She would contact the Division of Health Service Regulation once a client was admitted to the facility.	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE