

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2018
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NAME OF PROVIDER OR SUPPLIER EAGLES NEST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 320 CHISHOLM TRAIL JACKSONVILLE, NC 28546
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 15, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities and 10 A NCAC 27G .5100 Community Respite Services.</p>	V 000		
V 784	<p>27G .0304(d)(12) Therapeutic and Habilitative Areas</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s).</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a sleeping area for staff separate from the areas in which habilitative activities are routinely conducted. The findings are:</p> <p>Observations on 8/14/18 at approximately 4:10pm revealed: -6 bedrooms occupied by 4 clients. -A mattress on a bed frame and a hammock were located in the den. -No separate area for staff to sleep.</p>	V 784		

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

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V 784	Continued From page 1 Interview on 8/14/18 the Qualified Professional stated: -Currently one client bed room was vacant, and the other bedroom was used for respite clients. -The staff on site during the night were sleep staff. -Staff slept on the bed or in the hammock located in the den. -He was not aware a separate sleep area was required for overnight sleep staff. -He would find a solution to make sure the facility provided a separate sleep area for staff.	V 784		