R 0/06/2018 (X5) COMPLE DATE
(X5) COMPLE
COMPLE
COMPLE
COMPLE

				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
	MHL026-964		B. WING		R 09/06/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
OLLEG	E LAKES		ATROCK DRIVI EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pa	ge 1	V 112			
	This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three audited clients (#1). The findings are: Review on 09/06/18 of client #1's record					
	<ul> <li>Diagnoses of Aution</li> <li>Mild Intellectual Determination</li> <li>Individual Support</li> </ul>	the agency: 07/2006. sm, Tourette's Syndrome and velopmental Disability. Plan (ISP) dated 12/01/17. In ISP to address client #1's eges.				
		06/18 at approximately cell phone located in client c.				
	good behavior.					
	stated: - Client #1 had bee morning hours and cell phone be taken behavior. - The ISP did not co the loss of phone p	18 the Qualified Professional n calling people in the early the guardian requested the a away to prevent this ontain strategies to address rivileges. no longer was operable.				

Division of Health Service R STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
	MHL026-964	B. WING		R 09/06/2018	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
COLLEGE LAKES		ATROCK DRIV EVILLE, NC 28			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 114 Continued From pa	age 2	V 114			
V 114 27G .0207 Emerge	ency Plans and Supplies	V 114			
AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved authority. (b) The plan shall I and evacuation pro posted in the facilit (c) Fire and disaste shall be held at lea repeated for each under conditions th	er drills in a 24-hour facility ist quarterly and shall be shift. Drills shall be conducted nat simulate fire emergencies. all have basic first aid supplies				
Based on record re failed to have fire a quarterly and repe- findings are: Review on 09/06/1 October 2017 thru - No fire drills had February 2018 thru 4pm (1st shift). - No disaster drills February 2018 thru 4pm (1st shift).	tet as evidenced by: eview and interview the facility and disaster drills held at least ated on each shift. The 8 of facility records from August 2018 revealed: been documented from a August 2018 on the 8am to had been documented from a August 2018 on the 8am to				
Interview on 09/06 stated: - 1st shift is 8am-4 - 2nd shift 4pm-12 - 3rd shift 12 midni /ision of Health Service Regulation	midnight. ght-8am.				

STATE FORM

CM0O11

If continuation sheet 3 of 11

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	MHL026-964	B. WING		R 09/06/2018	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
COLLEGE LAKES					
		VILLE, NC 28	PROVIDER'S PLAN OF CO	PRECTION	(XE)
PREFIX (EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
V 114 Continued From pa	ge 3	V 114			
the weekends. - The facility staff m	ed on a 12 hour rotation on nust have completed a 2nd a 1st shift drill in April 2018.				
V 133 G.S. 122C-80 Crim	inal History Record Check	V 133			
CHECK REQUIRED APPLICANTS FOR (a) Definition As a "provider" applies to program and any pi developmental disa services that is lice Chapter. (b) Requirement provider licensed un applicant to fill a po applicant to have an conditioned on con- criminal history reco the applicant has bo less than five years is conditioned on con- criminal history reco national criminal his include a check of the the applicant has bo five years or more, on consent to a Sta check of the applican criminal history reco section. Except as subsection, within f the conditional offer shall submit a requi					

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL026-964	B. WING 0		F 09/0	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	E LAKES		TROCK DRIV			
001110		FAYETTE	VILLE, NC 2	8311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 133	section or shall sub entity to conduct a S check required by the G.S. 114-19.10, the return the results of record checks for e covered by Public L Department of Heal Criminal Records C business days of re history of the perso and Human Service Unit, shall notify the information receive of the applicant. In in national criminal his with the provider. P upon request verific check has been con by this section. A con appropriate local or the Division of Crim may conduct on bell criminal history reco section without the request to the Depa case, the county sh criminal history reco section within five b conditional offer of All criminal history i provider is confiden except to the applic (c) of this section. F	brd check required by this mit a request to a private State criminal history record his section. Notwithstanding Department of Justice shall national criminal history mployment positions not aw 105-277 to the th and Human Services, theck Unit. Within five ceipt of the national criminal n, the Department of Health es, Criminal Records Check e provider as to whether the d may affect the employability no case shall the results of the story record check be shared roviders shall make available eation that a criminal history mpleted on any staff covered bunty that has adopted an dinance and has access to inal Information data bank half of a provider a State ord check required by this provider having to submit a artment of Justice. In such a all commence with the State ord check required by this usiness days of the employment by the provider. nformation received by the tial and may not be disclosed, ant as provided in subsection	V 133			
	criminal history reco records obtained fro	ord checks utilizing public om a State agency.				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-964	B. WING		F 09/0	<u>8</u> 6/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
	E LAKES	5104 FLA		/E		
COLLEG		FAYETTE	VILLE, NC 2	8311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	<ul> <li>(c) Action If an apprecord check revea a relevant offense, of the following fact hire the applicant:</li> <li>(1) The level and set (2) The date of the (3) The age of the provider and the filled.</li> <li>(4) The circumstance commission of the following fact of (5) The nexus betwith the person and the filled.</li> <li>(6) The prison, jail, rehabilitation, and eperson since the date of factors shall not be a bar too listed factors shall to be a bar too listed factors shall to be forwider may disclow the criminal history to the disqualification of the criminal history (2) Failure to check criminal offenses if</li> </ul>	pplicant's criminal history ls one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-964	B. WING		F 09/0	₹ 6/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	E LAKES	5104 FLA	TROCK DRIV	/E		
COLLEG		FAYETTE	VILLE, NC 2	8311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	compliance with this (e) Relevant Offense" n federal criminal hist indictment of a crim felony, that bears u have responsibility persons needing m disabilities, or subst crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of and Other Housebr Other Burnings; Arti Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 26 Article 37, Prostituti 29, Bribery; Article 36A, Article 39, Protectio Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in viol	-				

Division	of Health Service Re	gulation	1			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
	MHL026-964		B. WING		R 09/06/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	E LAKES		TROCK DRIV			
OOLLEC		FAYETTE	VILLE, NC 28	3311		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
	offenses such as sa violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emplo supplies, or otherwi an employment app criminal history reco shall be guilty of a C (g) Conditional Emp employ an applican obtaining the result check regarding the following requirement (1) The provider sh prior to obtaining th criminal history reco subsection (b) of th fingerprint cards as (2) The provider sh criminal history reco business days after conditional employr 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3,	all not employ an applicant e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	failed to request wit making the conditional criminal his check of the application	view and interview, the facility thin five business days of onal offer of employment, a story record check to include a ant's fingerprints, for 1 of 4 ad lived out of state within 5				

Division of Health Service Regulation STATE FORM

6899

CM0O11

If continuation sheet 8 of 11

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
	MHL026-964		B. WING			R <b>06/2018</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
COLLEG	E LAKES		TROCK DRIV			
			VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 8	V 133			
	revealed: - Date of Hire: 04/0. - Application date o - Employed in anoth - No documentation background with fin completed. Interview on 09/06/ stated: - She had been told background with fin completed when a sin in the state less that - She indicated she	f 03/15/18. her state until January 2018. h of a national criminal gerprint check had been 18 the Qualified Professional I in the past a national gerprint check should be staff was hired and had lived in five years. would follow up on the				
V 736	background checks 27G .0303(c) Facili	, ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		on and interview, the facility in a clean, attractive and				
	9:45am revealed: - Client #1's bedroo	06/18 at approximately m revealed several window ssing and a bleached area on				

If continuation sheet 9 of 11

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
	MHL026-964		B. WING		R 09/06/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	E LAKES	5104 FL	ATROCK DRIV	E		
JULLEG	E LARES	FAYETT	EVILLE, NC 28	3311		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 736	Continued From pa	ge 9	V 736			
	numerous dark scu of debris on the sur from an electrical s - Client #4's bedroo cracked. 2 softball s holes in the walls. <i>A</i> inch crack in the wals. - The living room an cracked area on the covers were missin table revealed 4 of - The light fixture al revealed 2 of 4 ligh - The room adjacer soiled carpet. - Bathroom #1 reve patched areas. 1 of did not work and th - Bathroom #2 reve 1 of 2 light bulbs did	om revealed the door was sized and 1 baseball sized An approximately 3 inch by 6 all. rea revealed a softball sized e wall. Three electrical socket g. The light fixture above the 16 lights did not work. bove the kitchen table t bulbs did not work. aled 2 baseball sized white f 3 light bulbs above the sink e floor vent was rusty. aled a missing towel rack and d not work.				
	stated: - Several work orde repairs.	18 the Qualified Professional ers had been submitted for story of punching walls.				
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors.	804 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are				

If continuation sheet 10 of 11

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or connection	IDENTITION TON NOMBER.	A. BUILDING:			
	MHL026-964		B. WING		R 09/06/2018	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
COLLEG	E LAKES		ATROCK DRIV EVILLE, NC 28			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(	THE APPROPRIATE	COMPLET DATE
V 752	Continued From pa	age 10	V 752			
	water shall be mair degrees Fahrenhei	ntained between 100-116 t.				
	Based on observat	et as evidenced by: ion and interview, the facility ne water temperature between ahrenheit. The findings are:				
	9:45am revealed th	06/18 at approximately he hot water temperature in and #2 was 124 degrees				
	stated: - The water heater failed. - A new water heater facility the previous - She had contacte	18 the Qualified Professional at the facility had recently er had been installed at the day. d someone to turn the hot water heater down.				
	ealth Service Regulation					