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
	MHL092-724	A. BUILDING: _____ B. WING _____	05/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FANNY BROWN	10909 FANNY BROWN ROAD RALEIGH, NC 27603

(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 completed 5/8/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	Advanced Health Services will comply with 10A NCAC 27G. 0303 Location and Exterior Requirements. The door repair has been Made. The Group Home Manager and Group Home Lead Staff will be responsible to ensure all repairs are completed within 10 days of observation. The designated safety Chairperson will ensure Compliance.	6/26/19
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 interviews, the governing body failed to assure the home was maintained in a safe and attractive manner. The findings are: Observation on 5/7/19 at approximately 3:40 PM of client 2's bedroom revealed a "C" shaped crack on the inside, lower part of the bedroom door, approximately 10 inches in length. During an interview on 5/7/19, client #2 reported the door had been cracked for about 2 years. Client #2 reported he kicked the door and caused the crack. During an interview on 5/8/19, the House Manager reported client #2 did cause the damage to his bedroom door but it happen this calendar year. The House Manager reported a work order	V 736		

DHSR - Mental Health
JUL 02 2019
Lic. & Cert. Section

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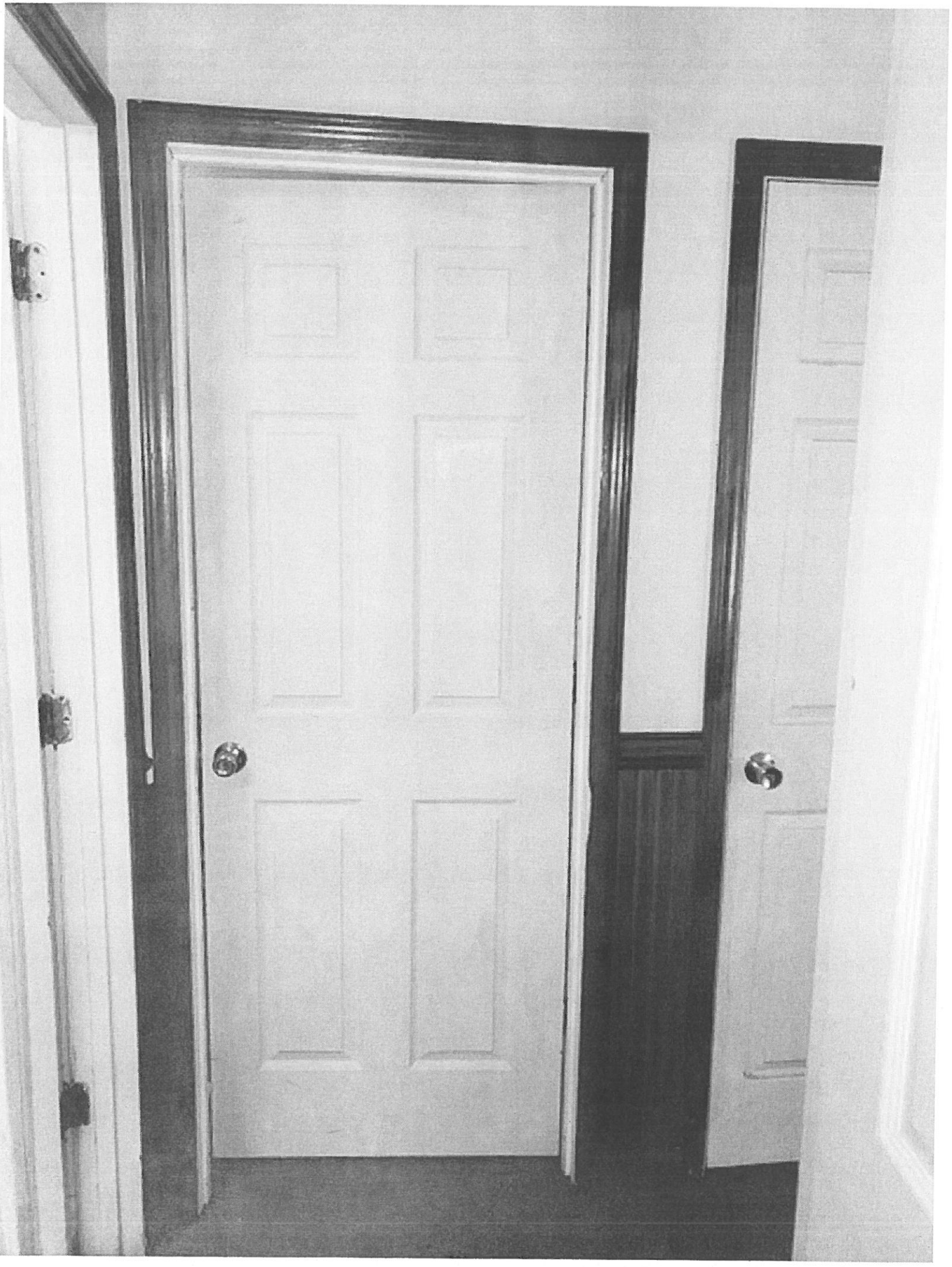
V 736	Continued From page 1 will be sent to the landlord to replace the door.	V 736		



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 17, 2019

Jannie Scott; Clinical Director
Advanced Health Resources, Inc.
10940 Raven Ridge Road, Suite 210
Raleigh, NC 27614-6611

DHSR - Mental Health
JUL 02 2019
Lic. & Cert. Section

Re: Annual Survey completed May 8, 2019
Fanny Brown, 10909 Fanny Brown Road, Raleigh, NC 27603
MHL # 092-724
E-mail Address: jscott@trs-nc.com

Dear Jannie Scott:

Thank you for the cooperation and courtesy extended during the annual survey completed May 8, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is July 8, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at (919) 630-5591.

Sincerely,

Toni Rankin-Green
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant