

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STANBERRY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1909 STANBERRY PLACE FAYETTEVILLE, NC 28301
--	---

(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, complaint and follow up survey was completed on June 18, 2019. The complaint was unsubstantiated (Intake #NC00152178). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep refrigerated medication in a locked container affecting one of three clients (#2). The</p>	V 120	<p>DHSR - Mental Health</p> <p>JUL 01 2019</p> <p>Lic. & Cert. Section</p> <p>V120</p> <p>By 8/17/19 Sophia B. Pierce & Associates Inc. will purchase a locked container to store any refrigerated medications. The QP will review medication storage with the staff before 8/17/19. The QP and group home manager will monitor all medications bi-weekly and ensure the medications are stored properly.</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Tiffany Alving BSOP

TITLE

(X6) DATE
6/26/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STANBERRY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1909 STANBERRY PLACE FAYETTEVILLE, NC 28301
--	---

(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 120	Continued From page 1 findings are: Observation on 06/17/19 at approximately 11:30am revealed: - The client refrigerator contained a metal box with a locking mechanism. The metal box was not locked. - The metal box contained Latanoprost 0.005% labeled for client #2. Interview on 06/17/19 the Qualified Professional stated: - Staff are aware to keep medications in the client's refrigerator locked. - She would speak with staff about ensuring the medications were kept secure.	V 120		
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, attractive and orderly manner. The findings are: Observation on 06/18/19 at approximately 11:15am revealed: -The kitchen cabinets were dirty around the handles and the facing of the cabinets. -The shoe molding around the hall bathroom floor	V 736	V736 By 7/18/19 Sophia B. Pierce & Associates will replace the shoe molding in the bathroom, repair client #3s bed frame, repaint the cabinets, and clean the bathroom door. The flooring in the home was replaced on 6/20/19. A self inspection of the facility will be conducted twice a year on each shift. The group home manager will also walk through the home and notate any repairs.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/18/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STANBERRY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1909 STANBERRY PLACE FAYETTEVILLE, NC 28301
--	---

(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 2</p> <p>had the appearance of mold.</p> <ul style="list-style-type: none"> -The entrance door to the hall bathroom was dirty. -The frame around client #3's bedroom was pulled away from the wall and needed to be repaired. -Client #2's bedroom carpet was soiled and dirty throughout the entire room. <p>During interview on 06/18/19 the Qualified Professional stated the facility had already had repairs and the agency was continuing to make improvements to the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
-------	--	-------	--	--

Sophia B. Pierce & Associates, Inc.
1422 Murchison Road
PO Box 2813
Fayetteville, NC 28302
Phone (910) 488-8477 Fax (910) 822-1951

June 26, 2019

Dear Emily Stanley

Thank you for your recent visit to our facility on June 18, 2019. We have received the list of deficiencies and have already started making adjustments to comply with state regulations and guidelines. Enclosed you will find our plan of correction for those deficiencies. If you have any questions or concerns please contact our office at (910) 488-8477.

Sincerely,

 BSQP

Tiffany Harrington
Qualified Professional

DHSR - Mental Health

JUL 01 2019

Lic. & Cert. Section