

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

PROFESSIONAL FAMILY CARE HOME #5
19 SUSIE CIRCLE
CAMERON, NC 28326

(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
V114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.	V114	Residential Manager developed a quarterly schedule to address each shift completing the Fire and Disaster Drills. Professional Family Care Services QP will conduct an in-service training to all group home staff on policies and procedures of conducting and ensuring fire and disaster drills are conducted at least quarterly on each shift. Written documentations will be recorded by the staff conducting the drills. QP check logs monthly and monitor all drills quarterly to ensure they are carried out according to company policy.	08.08.19 09.15.19
V736	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.	V736		

DHSR - Mental Health

AUG 13 2019

Lic. & Cert. Section

Division of Health Service Regulation

STATE FORM

6899

1PA321

Signature: Leon Robinson, MA, QP

If continuation sheet 1 of 1
Date: 08/09/2019

Leon Robinson, MA, QP Residential Manager

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #5	STREET ADDRESS, CITY, STATE, ZIP CODE 19 SUSIE CIRCLE CAMERON, NC 28326
---	---

(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
V736	Continued from page 2	V736		
	Observation on 7/29/19 at 11:50 A.M. of client #1's bedroom revealed: -Window blinds were missing holding clip to the wall and easily came off after trying to be opened.		-PFCS has extended hooks to prevent the blinds from falling	08.01.19
	Observation on 7/29/19 at 11:55 A.M. of client #1's bathroom revealed: -Cabinet under hand sink was missing top drawer and was falling apart. -Window blinds behind tub were bent/broken.		-PFCS reattached the sink cabinet drawer and replace window blind	08.01.19
	Observation on 7/29/19 at 12:00 P.M. of client #2's bedroom revealed: -Strong musky odor. -There was a a baseball size hall on the floor near the wall and behind bed's headboard. -Door from from entrance door was missing.		-PFCS addressed the odor by educating the consumer and staff on changing linens multiple times per week and personal hygiene. Hole was patched and covered. Entrance door was replaced.	08.01.19
	Observation on 7/29/19 at 12:05 P.M. of the hallway bathroom revealed: -Mirror on top of sink was tarnished and opaque on the bottom. -A panel next to the shower area was soft.		-PFCS to replace the mirror	09.15.19
	Observation on 7/29/19 at 12:10 P.M. of the empty room revealed: -Walk in closet was missing door frame from the door. -Inside of closet was not finished. Drywall and fixed patches were not painted.		-PFCS replaced the panel next to the shower area	08.01.19
	Observation on 7/29/19 at 12:13 P.M. of the back/side porch revealed: -There was a broken table tilted on its side.		-PFCS attached a new door frame to the walk-in closet	08.01.19
	Observation on 7/29/19 at 12:18 P.M. of the front porch revealed: -Several poles/columns were rotten on the bottom.		-PFCS to paint the drywall inside of closet	09.15.19
			-PFCS discarded the broken table	08.01.19
			-PFCS replaced 4 of 5 poles	08.05.19
			-PFCS to replace the last pole (5 of 5)	09.15.19