

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl026-086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PAT REESE FELLOWSHIP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>560-A WILKES ROAD</b> <b>FAYETTEVILLE, NC 28306</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 9/12/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.</p>	V 000		
V 289	<p><b>27G .5601 Supervised Living - Scope</b></p> <p><b>10A NCAC 27G .5601 SCOPE</b></p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which</p>	V 289		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl026-086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PAT REESE FELLOWSHIP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>560-A WILKES ROAD</b> <b>FAYETTEVILLE, NC 28306</b>
--	--

(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 289	<p>Continued From page 1</p> <p>serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure it operated within the scope for which it was licensed. The findings are:</p> <p>Review on 9/11/19 of the facility's license showed</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl026-086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PAT REESE FELLOWSHIP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>560-A WILKES ROAD</b> <b>FAYETTEVILLE, NC 28306</b>
--	--

(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 289	<p>Continued From page 2</p> <p>it is licensed as a .5600E facility for supervised living for adults with a capacity of 18 whose primary diagnosis is substance abuse dependency.</p> <p>Review on 9/11/19 of the facility's client roster revealed: - Staff #3 was not listed as a current client.</p> <p>Review on 9/11/19 of the facility's staff roster revealed: - He was hired 12/1/15. - Staff #3 was a current staff who slept at the facility.</p> <p>Observation on 9/11/19 at approximately 1:45pm of Staff #3's bedroom #8 revealed: - The client bedroom was identified as a single occupancy room at time of observation.</p> <p>Interview on 9/11/19 the First Shift Group Home Manager stated: - Surveyors would have to ask the Former Director about Staff #3's living arrangement.</p> <p>Interview on 9/12/19 the Director stated she understood clients in a licensed bed must be receiving a licensed service and Staff #3 was the sleeping body staff that stayed overnight.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 289		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl026-086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PAT REESE FELLOWSHIP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>560-A WILKES ROAD</b> <b>FAYETTEVILLE, NC 28306</b>
--	--

(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 752	<p>Continued From page 3</p> <p>ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observations on 9/11/19 at approximately 1:35pm revealed: -The shared hall bathroom to the left side of the building had a double sink and the temperature of the first sink read 130 degrees Fahrenheit.</p> <p>Interview on 9/11/19 Clients #1, #4 and #7 had no issues with the hot water and they knew how to regulate it.</p> <p>Interview on 9/11/19 the First Shift House Manager stated: - He thinks they check the water temperature in the kitchen daily. - He is not sure what water temperature in the bathroom is supposed to be.</p> <p>Interview on 9/12/19 the Former Director stated: - He is aware the water temperature needs to be between 100-116 degrees Fahrenheit. - They used to have a switch to change the water temperature to the kitchen. - The local health department wants the water to be hotter than 116 degrees Fahrenheit. - He will follow up on the water temperature to be</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl026-086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/12/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PAT REESE FELLOWSHIP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>560-A WILKES ROAD</b> <b>FAYETTEVILLE, NC 28306</b>
--	--

(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 752	Continued From page 4 in compliance.	V 752		