

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/12/2019
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NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 560-A WILKES ROAD FAYETTEVILLE, NC 28306
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(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 and follow up survey was completed on 9/12/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.	V 000		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which	V 289	Staff has been instructed to follow current policy and procedures related to licensed bed Director will follow up quarterly to make sure all policy and procedures are being implemented correctly.	09/12/2019

RECEIVED
By DHSR-MH Licensure Section at 4:49 pm, Oct 11, 2019

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



TITLE



(X6) DATE

10/17/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/12/2019
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 560-A WILKES ROAD FAYETTEVILLE, NC 28306		
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V 289	Continued From page 1 serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (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)&(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). 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: Review on 9/11/19 of the facility's license showed	V 289		

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V 289	Continued From page 2 it is licensed as a .5600E facility for supervised living for adults with a capacity of 18 whose primary diagnosis is substance abuse dependency. Review on 9/11/19 of the facility's client roster revealed: - Staff #3 was not listed as a current client. 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. 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. 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. 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. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 289		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that	V 752	Temperatures were adjusted to meet all state requirements.	09/12/2019

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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		

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V 752	Continued From page 4 in compliance.	V 752		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER mhl026-086	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/13/2019
NAME OF FACILITY PAT REESE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 560-A WILKES ROAD FAYETTEVILLE, NC 28306	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0114	Correction	ID Prefix V0133	Correction	ID Prefix V0291	Correction
Reg. # 27G .0207	Completed	Reg. # G.S. 122C-80	Completed	Reg. # 27G .5603	Completed
LSC	09/12/2019	LSC	09/12/2019	LSC	09/12/2019
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Ratched Hunt</i>	DATE 9/12/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE <i>Ann May Smith</i>	DATE 10/2/19
FOLLOWUP TO SURVEY COMPLETED ON 8/23/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		