Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ~~~~~~ R MHL053-082 10/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2621 ANDREWS DRIVE** ANDREWS DRIVE FAMILY CARE FACILITY SANFORD, NC 27332 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID TD PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) V 000 INITIAL COMMENTS V 000 An annual and follow-up survey was completed on October 2, 201 9. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disabilities. V 28 9 27G .5601 Supervised Living - Scope The facility will ensure modifications 12/2/19 V 289 to the home in an effort to promote 10A NCAC 27G .5601 SCOPE Client #1's independence in (a) Supervised living is a 24-hour facility which ambulation when entering or exiting provides residential services to individuals in a the facility. home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental A ramp will be installed at the front illness, a developmental disability or disabilities, and back entrance of the home to or a substance abuse disorder, and who require address this need. supervision when in the residence. 12/2/19 (b) A supervised living facility shall be licensed if the facility serves either: The CEO will facilitate an outside (1) one or more minor clients: or contractor to install the ramps. (2)two or more adult clients. Minor and adult clients shall not reside in The Director of Quality Management the same facility. will monitor in 45 days to ensure (c) Each supervised living facility shall be licensed to serve a specific population as steps are taken to secure the 12/2/19 designated below: modifications to the exterior of the "A" designation means a facility which facility. serves adults whose primary diagnosis is mental illness but may also have other diagnoses; "B" designation means a facility

Division of Health Service Regulation

other diagnoses:

other diagnoses;

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

which serves minors whose primary diagnosis

is a developmental disability but may also have

"C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have

"D" designation means a facility which

DHSR-Mental Health

OCT 2 9 2019

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(X6) DATE

STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL053-082	B. WING		R			
NAME OF	DROVIDED OD CUDDI VED				10/02/2019			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2621 ANDREWS DRIVE								
ANDREWS DRIVE FAMILY CARE FACILITY SANFORD, NC 27332								
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)			
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	HOULD BE COMPLETE			
V 289	Continued From page	ge 1	V 289					
		se primary diagnosis is						
		ependency but may also						
	have other diagnose (5) "E" design	es; nation means a facility						
		whose primary diagnosis						
		dependency but may also						
	have other diagnose							
		ation means a facility in a						
		hich serves no more than hose primary diagnoses is						
	mental illness but m							
		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)8(B); (6); (7)							
	(A),(B),(E),(F),(G),(H)	(8); (11); (13); (15); (16);						
		AC 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 .020 9[(c)(1) -							
		dications only] (d)(2),(4); (e)						
	(1)(A),(D),(E);(f);(g); a	nd 10A NCAC 27G .0304						
		lity shall also be known as						
		ng or assisted family living						
	(AFL).							
	This Rule is not met	as evidenced by:						
		iews, observation and						
		see failed to meet scope						
		ed living facility affecting						
		iding in the facility. The						
1	findings are:							

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING		(X3) DATE SURVEY COMPLETED	
			B. WING		R	
		MHL053-082			10/02/2019	
NAME OF	PROVIDER OR SUPPLIER		TOTAL STREET STREET STREET STREET STREET	STATE, ZIP CODE		
ANDREWS	DRIVE FAMILY CARE FAC	2621 ANDRE	WS DRIVE			
		SANFORD, N	IC 27332			
(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 CROSS-REFERENCED TO THE APPROPRICIENCY)	SHOULD BE COMPLETE	
V 289	Continued From page	ge 2	V 289			
	Review on 10/2/1 9 or revealed: - The facility was into a residential facility residents. - The construction do and approved occup residents on 5/10/18. - The current license completed by the license completed by the license documented all resifacility as ambulator. - Ambulatory is defined on the license as "And the building without during a fire or other review on 10/2/1 9 or admission date of 8 or Diagnosis of Bipolar Personality; Personal Specified; Asthma; And Dependent Diabetes of Chronic Obstructive of the client to up and to "use walker controlled in the client to up and to "use walker controlled in the client reports doce experienced two falls.	of the facility's license ditally licensed on 7/2/18 as for three (3) ambulatory division surveyed the building lancy for three (3) ambulatory de (through 12/31/1 9) was densee on 10/18/18 dent(s) currently in the dent(s)	V 289			
	- The back and front	entrance to the interior of brick steps before the				
	- There was not a ran either entrance.	np located at				
	Additional observation at approximately 5:30	Control of the Contro				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-082			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
			B WING			R
		B. WING		10	/02/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ANDREWC	DRIVE FAMILY CARE FA	2621 ANDRE	WS DRIVE			
ANDREWS	DRIVE FAMILY CARE FA	SANFORD, N	IC 27332			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(VE)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	(X5) COMPLETE DATE	
V 289	Continued From page 3		V 289			
	- Client #1 arrived Day program Staff assisted her - Client #1 required guidance of staff to the facility. She was the task alone. During interview on - Client #1 is unstabl without her walker Client #1 needs to u	to the facility from her	V 289			
						1
						1

Division of Health Service Regulation



Provider of MH/DD/SA Services

October, 22 2019

Ms. Maryland Chenier, MSW
Facility Compliance Consultant I
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: MHL Annual Survey completed 10/2/2019 Andrews Drive Family Care Facility 2621 Andrews Drive, Sanford, NC 27330 MHL#053-082

Dear Ms. Chenier:

See attached hard copy of the plan of correction (POC) for the Andrews Drive Family Care Facility visit. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact me directly. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

James A. Harris

Director, Quality Management

DHSR-Mental Health

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