

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ~~~~~ B. WING: ~~~~~		(X3) DATE SURVEY COMPLETED R 10/02/2019
NAME OF PROVIDER OR SUPPLIER ANDREWS DRIVE FAMILY CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2621 ANDREWS DRIVE SANFORD, NC 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 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)8(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 .020 9[(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 reviews, observation and interviews, the Licensee failed to meet scope for a 5600A supervised living facility affecting 1 of 2 clients (#1) residing in the facility. The findings are:</p>	V 289		

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		A. BUILDING: ~~~~~ B. WING:	

NAME OF PROVIDER OR SUPPLIER
ANDREWS DRIVE FAMILY CARE FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE
2621 ANDREWS DRIVE
SANFORD, NC 27332

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V 289	<p>Continued From page 2</p> <p>Review on 10/2/19 of the facility's license revealed:</p> <ul style="list-style-type: none"> - The facility was initially licensed on 7/2/18 as a residential facility for three (3) ambulatory residents. - The construction division surveyed the building and approved occupancy for three (3) ambulatory residents on 5/10/18. - The current license (through 12/31/19) was completed by the licensee on 10/18/18 documented all resident(s) currently in the facility as ambulatory. - Ambulatory is defined by the State (and noted on the license) as "A person who can evacuate the building without physical or verbal assistance during a fire or other emergency." <p>Review on 10/2/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 8/1/17 - Diagnosis of Bipolar Disorder with Dependent Personality; Personality Disorder, Not Otherwise Specified; Asthma; Anemia; Non-Insulin Dependent Diabetes Mellitus; Spinal Stenosis; Chronic Obstructive Pulmonary Disease; Myalgia - Treatment Plan dated 4/01/19 included a safety goal for the client to use her walker at all times and to "use walker correctly." - Incident reports documenting the client has experienced two falls while out of the facility. <p>Observation on 10/2/19 at 4:30 PM of the exterior of the facility revealed:</p> <ul style="list-style-type: none"> - The back and front entrance to the interior of the facility contained brick steps before the entry door. - There was not a ramp located at either entrance. <p>Additional observation on 10/2/19 at approximately 5:30 PM revealed:</p>	V 289		
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V 289	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Client #1 arrived to the facility from her Day program. - Staff assisted her out of the van. - Client #1 required the physical support and guidance of staff to navigate the stairs and enter the facility. She was unable to safely complete the task alone. <p>During interview on 10/2/19, staff confirmed:</p> <ul style="list-style-type: none"> - Client #1 is unstable when trying to ambulate without her walker. - Client #1 needs to use her walker at all times. - Client #1 need assistance from staff to enter and exit the facility. 	V 289		
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Victor
& ASSOCIATES INC.

Provider of MH/DD/SA Services

October, 22 2019

DHSR-Mental Health

OCT 29 2019

Lic. & Cert. Section

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