

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-580	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/26/2019
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NAME OF PROVIDER OR SUPPLIER Varsity Crest #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 CREST ROAD, APT #101 RALEIGH, NC 27606
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on November 26, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and observation the facility failed to ensure the home was maintained in a safe and attractive manor. The findings are:</p> <p>Observation on 11/26/19 at 9:30 AM revealed the couch in the living area was sunken in the middle.</p> <p>During interview on 11/26/19 Staff #1 stated: -Client #1 who resided in the apartment liked to sleep on the couch. -Had prompted him many times to go to his bed to sleep. -The couch had recently sunk in due to his continued sleeping on it.</p> <p>During interview on 11/26/19 The Qualified Professional stated: -Client #1 had been refusing his medications and experiencing paranoia.</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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NAME OF PROVIDER OR SUPPLIER VARSITY CREST #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 CREST ROAD, APT #101 RALEIGH, NC 27606
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V 736	Continued From page 1 -Felt like client #1 was sleeping on the couch because of his paranoia. -Client #1 was currently in the hospital due to non med compliance.	V 736		