		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:			
		MHL026-964	B. WING			R 10/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
COLLEG	E LAKES		TROCK DRIVI VILLE, NC 28			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
		w up survey was completed 019. Deficiencies were cited.				
	category:10A NCAC	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	<ul> <li>only be administered order of a person and drugs.</li> <li>(2) Medications shat clients only when an client's physician.</li> <li>(3) Medications, include the client's physician.</li> <li>(3) Medications, include the client's physician.</li> <li>(3) Medications, include the client's physician.</li> <li>(3) Medication and all drugs administered only be unlicensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administere current. Medication and all drugs administere current. Medication and all drugs administere current. Medication and all drugs administere current. Medication (A) client's name;</li> <li>(B) name, strength,</li> <li>(C) instructions for a (D) date and time the theory.</li> <li>(5) Client requests the checks shall be recompleted and the provided and the pr</li></ul>	non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The				

BER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	/			
B. WING			R / <b>10/2019</b>	
STREET ADDRESS, CITY, S	TATE, ZIP CODE			
ID		RECTION	(X5)	
			COMPLET DATE	
V 118				
ne				
#2's				
on, panic				
daily.				
<b>U</b> ,				
ber				
	5104 FLATROCK DRIV FAYETTEVILLE, NC 2 ULL ION)	JLL ION)     PREFIX TAG     (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)       N     V 118       He     V       be     V       main     V       H2's     V       tellectual     V       pairs     V       tellectual     V       pairs     V       tellectual     V       poin, panic     V       file     V       50 mg, 4     V       ber     V       m     50       pointe     V	BI04 FLATROCK DRIVE FAYETTEVILLE, NC 28311         ULL       ID PREFIX       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         V 118       V 118         #e       I       I         ne       I       I         surrent its #1, bsive       I       I         me       I       I       I         #2's       I       I       I         tellectual osive       I       I       I         odd       I       I       I         50 mg, 4 time.       I       I       I         ber       I       I       I       I         me       I       I       I       I       I         #2's       I       I       I       I       I         me       I       I       I       I       I       I       I         #2's       I	

STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. DOILDING.			R
		MHL026-964	B. WING			n 10/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
COLLEG	E LAKES		ATROCK DRIVI EVILLE, NC 28			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 118	Continued From pa	ige 2	V 118			
	-Levetiracetam 250	ministered on 11/19/19. mg, 4 tablets, had not been ministered at 8 am on				
	record revealed: -28 year old male a -Diagnoses include intellectual develop deficit hyperactive of	d autistic disorder, severe mental disorder, attention				
	September 2019 M -Sertraline (Zoloft) S morning had been t by a hand written et administered at 8 a -Sertraline 50 mg, 1	50 mg, 1 ½ tabs in the transcribed electronically and ntry and scheduled to be m.				
	record revealed: -24 year old male a -Diagnoses include developmental diso hyperactivity, citrulli -Order dated 10/31	d autism, moderate intellectua order, seizure disorder,	đ			
	MAR revealed: -Oxcarbazepine, 30	of client #4's December 2019 00 mg/ml (milliliter), 19 ml's n transcribed electronically				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		MUU 000 004	B. WING			R
		MHL026-964			12/	10/2019
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST TROCK DRIV			
COLLEG	E LAKES		VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ige 3	V 118			
	administered at 7 a -Oxcarbazepine 19	en entry and scheduled to be m and 7 pm. ml's had been documented as om 12/1/19 - 12/6/19 (7 am				
	Professional stated -The duplicate entr transcription errors possible the clients dosing. -There was no doct	19 and 12/10/19 the Qualified i: ies for clients #1 and #4 were . She did not believe it was had received duplicate umentation to indicate client had changed before 11/1/19.				
	medication adminis	o accurately document stration it could not be s received their medications ohysician.				
V 131	G.S. 131E-256 (D2 Verification	) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	EALTH CARE PERSONNEL nealth care personnel into a pr service, every employer at a shall access the Health Care and shall note each incident propriate business files.				
	This Rule is not me Based on record re	et as evidenced by:				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			
		MHL026-964	B. WING			R 10/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
COLLEG	E LAKES		ATROCK DRIVI EVILLE, NC 28			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 131	Continued From pa	ge 4	V 131			
	Care Personnel Re	ument accessing the Health gistry (HCPR) prior to hiring 1 staff #1). The findings are:				
	record revealed: -Most recent hire da -Prior hire date of 4 -Resignation letter of -Division of Employ documented Staff # work a 2 week notic time but failed to wo employment was 7/ -No HCPR check d notice period from h 7/29/19 and his hire Interview on 12/10/ stated: -According to the failed to be r re-hired within 60 d -They had not done	<ul> <li>/2/18.</li> <li>dated 7/29/19.</li> <li>ment Security form</li> <li>f1 resigned and agreed to</li> <li>ce. He was posted during this ork, so his last day of</li> <li>/27/19.</li> <li>occumented between a 2 week</li> <li>nis resignation letter dated</li> <li>e date of 10/26/19.</li> <li>19 the Qualified Professional</li> <li>acility policy, the HCPR check</li> <li>epeated if an employee was</li> </ul>				
V 133	G.S. §122C-80 CRI CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pu developmental disa services that is licen Chapter. (b) Requirement J		V 133			

Division	of Health Service Re	egulation			FURIN	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-964	B. WING		F 12/1	२ <b>0/2019</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	E LAKES		TROCK DRIV			
OOLLEO		FAYETTE	VILLE, NC 2	8311		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDER'S PLAN OF CORRECTION         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					(X5) COMPLETE DATE
V 133	applicant to have ar conditioned on cons criminal history reco the applicant has be less than five years is conditioned on co criminal history reco national criminal his include a check of t the applicant has be five years or more, on consent to a Sta check of the applica employ an applican criminal history reco section. Except as o subsection, within fi the conditional offer shall submit a reque Justice under G.S. criminal history reco section or shall sub entity to conduct a S check required by tl G.S. 114-19.10, the return the results of record checks for e covered by Public L Department of Heal Criminal Records C business days of re history of the person and Human Service Unit, shall notify the information receiver of the applicant. In in national criminal history	sition that does not require the n occupational license is sent to a State and national ord check of the applicant. If een a resident of this State for , then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall he applicant's fingerprints. If een a resident of this State for then the offer is conditioned te criminal history record ant. A provider shall not t who refuses to consent to a ord check required by this otherwise provided in this ive business days of making of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record his section. Notwithstanding Department of Justice shall national criminal history mployment positions not	V 133			

Division	of Health Service Re				FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		MHL026-964	B. WING		F 12/1	₹ 0/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		5104 FLA		/E		
COLLEG	E LAKES	FAYETTE	VILLE, NC 2	8311		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	33 Continued From page 6		V 133			
	check has been cor by this section. A co appropriate local or the Division of Crim may conduct on bel criminal history reco section without the request to the Depa case, the county sh criminal history reco section within five b conditional offer of a All criminal history i provider is confiden except to the applic (c) of this section. F subsection, the term business regularly e criminal history reco records obtained fro (c) Action If an ap record check revea a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the p conviction. (4) The circumstanc commission of the o (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the date	employment by the provider. nformation received by the tial and may not be disclosed, ant as provided in subsection for purposes of this n "private entity" means a engaged in conducting ord checks utilizing public om a State agency. oplicant's criminal history Is one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be				

Division	of Health Service Re				FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-964	B. WING		F 12/1	₹ 0/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
COLLEG	E LAKES		TROCK DRIV			
			VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	shall not be a bar to listed factors shall b If the provider disqu consideration of the	on of a relevant offense alone o employment; however, the be considered by the provider. Julifies an applicant after e relevant factors, then the se information contained in				
	the criminal history to the disqualification of the criminal history applicant. (d) Limited Immunit or employee of a pr complies with this s civil liability for: (1) The failure of the individual on the ba	record check that is relevant on, but may not provide a copy ory record check to the ry A provider and an officer rovider that, in good faith, section shall be immune from e provider to employ an sis of information provided in record check of the individual.				
	<ul> <li>(2) Failure to check criminal offenses if history record check compliance with this</li> <li>(e) Relevant Offense" n federal criminal hist indictment of a crim felony, that bears u</li> </ul>	an employee's history of the employee's criminal k is requested and received in s section. ee As used in this section, neans a county, state, or tory of conviction or pending ne, whether a misdemeanor or pon an individual's fitness to				
	persons needing m disabilities, or subst crimes include the o any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo	for the safety and well-being of ental health, developmental tance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the wrticle 5, Counterfeiting and ubstitutes; Article 5A, itive and Legislative Officers; Article 7A, Rape and Other le 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or				

If continuation sheet 8 of 15

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building:			E SURVEY IPLETED
		MHL026-964	B. WING		12	R / <b>10/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		5104 FLA	TROCK DRIV	Έ		
COLLEG	E LAKES	FAYETTE	VILLE, NC 2	8311		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD					(X5) COMPLETE DATE
V 133	Continued From pa	ge 8	V 133			
	Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of O Article 19B, Financi Act; Article 20, Frau 26, Offenses Again Decency; Article 20, Frau 26, Offenses Again Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, O Peace; Article 35, O Peace; Article 36A, Article 39, Protectio Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substan 90 of the General S offenses such as sa violation of G.S. 18 impaired in violatior G.S. 20-138.5. (f) Penalty for Furni applicant for emplo supplies, or otherwi an employment app criminal history reco shall be guilty of a O (g) Conditional Emp employ an applicant obtaining the result check regarding the following requirement (1) The provider shall	br Material; Article 14, Burglary reakings; Article 15, Arson and ticle 16, Larceny; Article 17, , Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; ial Transaction Card Crime uds; Article 21, Forgery; Article st Public Morality and tA, Adult Establishments; ion; Article 28, Perjury; Article 31, Misconduct in Public Offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or lation of the North Carolina ces Act, Article 5 of Chapter Statutes, and alcohol-related ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through ashing False Information Any yment who willfully furnishes, ise gives false information on plication that is the basis for a ord check under this section Class A1 misdemeanor. ployment A provider may it conditionally prior to s of a criminal history record e applicant if both of the				

STATEMENT OF DEFI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL026-964	B. WING			R 10/2019
IAME OF PROVIDER	OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	6		ATROCK DRIV EVILLE, NC 28			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX (EA		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 133 Continu	led From pa	age 9	V 133			
subsec fingerpi (2) The crimina busines conditio 2001-1	tion (b) of th rint cards as provider sh I history rec ss days afte onal employ 55, s. 1; 200	ord check as required in his section or the completed a required in G.S. 114-19.10. hall submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
Based facility f checks employ	on record re ailed to con within five o	et as evidenced by: eviews and interviews the nplete criminal history record days of conditional offer of of 3 staff audited (Staff #1).				
record -Most re -Prior h -Resigr -Divisio docume work a time bu employ -No crir docume	revealed: ecent hire d ire date of 4 nation letter n of Employ ented Staff # 2 week noti t failed to w ment was 7 ninal backg	dated 7/29/19. /ment Security form #1 resigned and agreed to ce. He was posted during this ork, so his last day of /27/19. round consent or check een his last day of employment				
stated: -Accord	ling to the fa	(19 the Qualified Professional acility policy, the criminal did not have to be repeated if				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	R
		MHL026-964	B. WING		12/1	0/2019
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
COLLEG	E LAKES		TROCK DRIVI			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 10	V 133			
	termination. -They had not done	e-hired within 60 days of a criminal background check e had been rehired on				
V 540	27F .0103 Client Ri Grooming	ghts - Health, Hygiene And	V 540			
	dignity, privacy and of personal health, Such rights shall int to the: (1) opportuni daily, or more often (2) opportuni (3) opportuni barber or a beautici (4) provision paper and soap for individual personal indigent client. Such not limited to toothp napkins, tampons, utensil. (b) Bathtubs or sho individual privacy sho (c) Adequate toilets	Il be assured the right to humane care in the provision hygiene and grooming care. clude, but need not be limited ty for a shower or tub bath as needed; ty to shave at least daily; ty to obtain the services of a ian; and of linens and towels, toilet each client and other hygiene articles for each h other articles include but are paste, toothbrush, sanitary shaving cream and shaving owers and toilets which ensure hall be available. s, lavatory and bath facilities y a client with a mobility				
		et as evidenced by: view, observation, and ity failed to assure the right to				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL026-964	B. WING			R 10/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	E LAKES	5104 FLA	TROCK DRIV	E		
JOLLEG	E LARES	FAYETTE	VILLE, NC 28	3311		_
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLETE DATE
V 540	Continued From pa	ge 11	V 540			
	care, and the provis	ion of hygiene and grooming sion of linens and towels for 1 (#4). The findings are:				
	am revealed: -Client #4 walked w kitchen for a snack. visibly wet. -Client #4 sat at the pudding cup with hi -Following his snac the shower in the ba- Staff #1 left the clief for a towel. Staff #7 outside of client #4' client #4's bedroom -Before Staff #1 ret room, client #4 walk family/dining room w visibly dripping wet. surveyor were in the -The surveyor notifi the client #4's bedro room. The staff have client. -Staff #1 left the clieft returned to the bath	k, Staff #1 assisted client #4 to ath/laundry room. ent in the shower to go search 1 looked inside the linen closet s bedroom and re-entered				
	-The shower door in broken and unstead details.) -There were no tow	2/6/19 at 9:45 am revealed: In the bath/laundry room was dy. (See V736 for additional rels in the linen closet. essional looked in the client's find any towels.				
	Interview on 12/6/19 ealth Service Regulation	9 Staff #1 stated:				

	of Health Service Re		1				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-964			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED R 12/10/2019	
		B. WING					
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE			
COLLEG	E LAKES		TROCK DRIV				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	TION SHOULD BE COMPLET THE APPROPRIATE DATE		
V 540	Continued From page 12		V 540				
	-Client #4 needed more care than the other clients. Client #4 could not dress himselfClient #4 had wet himself.						
	Interview on 12/6/19 the Qualified Professional stated: -She was aware of the unstable condition of the shower door in the bath/laundry room. Staff had been instructed to not use this shower. -The facility provided linen for the clients. -The towels were stored in the client bedrooms. -Client #4 required his laundry to be washed often. He may not have had towels in his room because they were in the laundry. -If there were no towels available in a client room or linen closet, the staff could find additional linen in another client bedroom.						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
		on and interview, the facility I in a safe, clean, attractive					
	-Glass in top of the yard had been brok	2/6/19 at 9:45 am revealed: storm door leading to back en. Sharp edges of remaining ended around the frame of the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL026-964				R 12/10/2019
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
COLLEGE	LAKES		ATROCK DRIV EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE	
	Continued From pa	ge 13	V 736			
	had been tied to the hrough the crack b door frame to the in was protruding from at the level of the st A fist sized dent wi on the metal door le Shower inside the room: shower door separated and unst frame and glass was Hole in the wall be room approximately Large cracks in up oom door. Kitchen: Missing of stove. Lazy Susan prown/rust color. Square hole in wal nches in dining are 1 light bulb missing pathroom. Hole in wall behind Sofa in family room orn upholstery. Dbservations on 12 am revealed Staff # shower in the bath// eft the client in the owel. Client #4 exi was searching his b nterview on 12/6/19 stated: She was aware of	g over sink in client #3's I the door in hall bathroom. In had dark gray stains and 2/6/19 at approximately 9:00 1 assisted client #4 to take a laundry room shower. Staff #1 shower to go search for a ited the shower when Staff #1				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFIC		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL026-964	B. WING			R 10/2019
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
	E LAKES					
			VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From page 14		V 736			
	-Staff had been instructed to not use this shower. -She was not sure why there was a hole in the wall in the dining area.					
	This deficiency has been cited 2 times since the original cite on 9/6/18 and must be corrected within 30 days.					