Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDING:					
		MHL079-132 B. WING			R-C <b>12/17/2019</b>			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS CITY STA	TE ZIP CODE	-		
TO WILL OF T	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  855 MORGAN ROAD							
FAYETTE	VILLE STREET COMMUN	ITY LIVING HOMES	EDEN, NC					
(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 APPROPE DEFICIENCY)	BE COMPLETE		
V 000	INITIAL COMMENTS			V 000				
	on 12/17/2019. The cunsubstantiated (intal deficiency was cited.  This facility is licensed category: 10A NCAC	•	ce d					
V 289	27G .5601 Supervise	d Living - Scope		V 289				
	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							

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_			R-C
MHL079-132			B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STR	EET ADDRESS, CITY, STA	TE, ZIP CODE		
FAYETTE	VILLE STREET COMMU	NITY LIVING HOMES 855	MORGAN ROAD			
TAILIIL	THE STREET SOMMO	EDI	EN, NC 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 289	Continued From pag	e 1	V 289			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					
	facility failed to provi	lews and interviews, the de services to adults as nse affecting 1 of 3 clients				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOME	DEK.	A. BUILDING:			
MHL079-132		B. WING			R-C <b>12/17/2019</b>		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
855 MORGAN ROAD							
FATELLE	VILLE STREET COMMUN	NITY LIVING HOWES	EDEN, NC	27288			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 289	Continued From page	e 2		V 289			
	the North Carolina Di Regulation (DHSR) re - The facility was lice services to adults onl - No documentation of allow a minor to resid Review on 12/12/201 revealed: - Admission date: 11/ - Diagnoses: Genera	nsed to provide residen y; of a waiver from DHSR de at the facility. 9 of client #3's record (24/2019 lized Anxiety Disorder; eractivity Disorder; and	e ntial to				
	House Manager (HM - Client #3 had been - Client #1 was 17 ye admission; - Client #3's Local Ma Care Organization (L that they had handled DHSR to allow client 18th birthday.	admitted on 11/24/2019 ars old at the time of anagement Entity/Mana ME/MCO) had told the direquesting the waiver #3 to be served prior to	9; nged HM from				
	admitted to the facility LME/MCO; - The LME/MCO had directly to DHSR on the linterview on 12/16/20 Executive Officer (O/	vealed: R to allow client #3 to b y had been requested b sent the waiver reques behalf of the facility.  119 with the Owner/Chie	oy the				

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STATE FORM DZFP11 If continuation sheet 3 of 4

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER   STREET COMMUNITY LIVING HOMES   SMORGAN ROAD   EDR. NO. 27288		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  FAYETTEVILLE STREET COMMUNITY LIVING HOMES  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 289  Continued From page 3  - The facility had agreed to work with client #3 at the request of the LME/MCO; - The LME/MCO was supposed to obtain a waiver to allow client #3 to be admitted to the facility before he turned 18 years old; - The LME/MCO had said that DHSR would mail a letter to the facility regarding the waiver approval; - No letter from DHSR had been received; - The LME/MCO had assured the facility that a waiver had been approved for client #3 to reside									
FAYETTEVILLE STREET COMMUNITY LIVING HOMES    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	MHL079-132				B. WING 12/17/2019				
CACH   ID   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   PROVIDER'S PLAN OF CORRECTION (EACH OGRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)   CACH OGRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)      V 289	NAME OF P	ROVIDER OR SUPPLIER				TE, ZIP CODE			
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 289  Continued From page 3  - The facility had agreed to work with client #3 at the request of the LME/MCO; - The LME/MCO was supposed to obtain a waiver to allow client #3 to be admitted to the facility before he turned 18 years old; - The LME/MCO had said that DHSR would mail a letter to the facility regarding the waiver approval; - No letter from DHSR had been received; - The LME/MCO had assured the facility that a waiver had been approved for client #3 to reside	FAYETTE	VILLE STREET COMMUN	NITY LIVING HOMES						
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	V 289	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  - The facility had agreed to work with client #3 at the request of the LME/MCO;  - The LME/MCO was supposed to obtain a waiver to allow client #3 to be admitted to the facility before he turned 18 years old;  - The LME/MCO had said that DHSR would mail a letter to the facility regarding the waiver approval;  - No letter from DHSR had been received;  - The LME/MCO had assured the facility that a waiver had been approved for client #3 to reside		V 289					

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