STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED. MHL026-964 B. WING 12/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5104 FLATROCK DRIVE **COLLEGE LAKES** FAYETTEVILLE, NC 28311 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on December 10, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe DHSR - Mental Health drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be Lic. & Cert. Section administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name: (B) name, strength, and quantity of the drug; (C) instructions for administering the drug: (D) date and time the drug is administered; and (E) name or initials of person administering the (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE 12/30/19

STATE FORM

Division of Health Service Regulation

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If continuation sheet 1 of 15

Division o	of Health Service Re	egulation			(X3) DATE S	URVEY
STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A BUILDING:		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NONDER.	A. BUILDING: _		R	
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COLLEG	E LAKES		ROCK DRIVE			
		ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
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	- · · · · · · · · · · · · · · · · · · ·	1	V 118			
V 118	Continued From pa	age i				
		talana and han				
	This Rule is not m	net as evidenced by: eviews and interview, the				
	facility failed to en	sure medications were				
	administered as o	rdered and maintain a current				
	MAR affecting 3 o	f 3 clients audited (clients #1,				
	#2, #4). The finding	ngs are:				
	Finding #1:					
	Review on 12/6/19	9 and 12/10/19 of client #2's				
	record revealed:	admitted 6/26/06.				
	-27 year old male	led autism, moderate intellectual				
	developmental dis	sorder, intermittent explosive				
	disorder.					
	-Order dated 9/10	0/19 for Zoloft 50 mg (Used to treat depression, panic				
	attacks, obsessiv	e compulsive disorder,				
	nost-traumatic str	ress disorder, social anxiety.)				
	-Order dated 10/	17/19 for Zoloft 100 mg daily.				
	-Order dated 10/	17/19 for Latuda 20 mg at treat certain mental/mood				
	disorders i.e. sch	izophrenia, depression				
	associated with b	pipolar disorder.)				
	-Order dated 10/	7/19 for Levetiracetam 250 mg, 4	+			
	(Used to treat se	rning and 3 tablets at bedtime. izures.)				
		#2's October and November				
	2019 MARs reve	der to increase Zoloft from 50				
	ma to 100 ma ha	ad not been transcribed to the				
	October 2019 M	AR.				
	-Zoloft 50 mg wa	as documented daily from				
	10/18/19 - 10/31	। । । । at o am. t bedtime had not been				
	-Latuda 20 mg a	t bedtime had not been				

12/10/2019

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:

MHL026-964 NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING

5104 FLATROCK DRIVE

COLLEG	COLLEGE LAKES 5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311						
(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 118	Continued From page 2	V 118					
	documented as administered on 11/19/19Levetiracetam 250 mg, 4 tablets, had not been documented as administered at 8 am on 11/29/19.						
	Finding #2: Review on 12/6/19 and 12/10/19 of client #1's record revealed: -28 year old male admitted 2006Diagnoses included autistic disorder, severe intellectual developmental disorder, attention deficit hyperactive disorder (ADHD)Order dated 7/29/19 for Zoloft 50 mg, 1½ tabs in the morning.						
	Review on 12/6/19 and 12/10/19 of client #1's September 2019 MAR revealed: -Sertraline (Zoloft) 50 mg, 1 ½ tabs in the morning had been transcribed electronically and by a hand written entry and scheduled to be administered at 8 amSertraline 50 mg, 1½ tabs, had been documented as given twice daily from 9/1/19 - 9/30/19 at 8 am.						
	Finding #3: Review on 12/6/19 and 12/10/19 of client #4's record revealed: -24 year old male admitted 3/9/06Diagnoses included autism, moderate intellectual developmental disorder, seizure disorder, hyperactivity, citrullinemiaOrder dated 10/31/19 for Oxcarbazepine, 300 mg/ml (milliliter), 19 ml's twice daily. (Used to treat seizures.)						
	Review on 12/6/19 of client #4's December 2019 MAR revealed: Oxcarbazepine, 300 mg/ml (milliliter), 19 ml's wice daily had been transcribed electronically alth Service Regulation						

Division of Health Service Regulation

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_\_ 12/10/2019 B WING MHL026-964 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5104 FLATROCK DRIVE **COLLEGE LAKES** FAYETTEVILLE, NC 28311 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 118 V 118 Continued From page 3 and by a hand written entry and scheduled to be administered at 7 am and 7 pm. -Oxcarbazepine 19 ml's had been documented as given twice daily from 12/1/19 - 12/6/19 (7 am dose). Interviews on 12/6/19 and 12/10/19 the Qualified Professional stated: -The duplicate entries for clients #1 and #4 were transcription errors. She did not believe it was possible the clients had received duplicate dosing. -There was no documentation to indicate client #2's Zoloft dosage had changed before 11/1/19. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.

This Rule is not met as evidenced by: Based on record reviews and interviews, the

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PRINTED: 12/19/2019 FORM APPROVED 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: \_ MHL026-964 B. WING 12/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5104 FLATROCK DRIVE **COLLEGE LAKES** FAYETTEVILLE, NC 28311 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 131 Continued From page 4 V 131 facility failed to document accessing the Health Care Personnel Registry (HCPR) prior to hiring 1 of 3 audited staff (Staff #1). The findings are: Review on 12/6/19 and 12/10/19 of Staff #1's record revealed. -Most recent hire date was 10/26/19 -Prior hire date of 4/2/18. -Resignation letter dated 7/29/19. -Division of Employment Security form documented Staff #1 resigned and agreed to work a 2 week notice. He was posted during this time but failed to work, so his last day of employment was 7/27/19. -No HCPR check documented between a 2 week notice period from his resignation letter dated 7/29/19 and his hire date of 10/26/19. Interview on 12/10/19 the Qualified Professional stated: -According to the facility policy, the HCPR check did not have to be repeated if an employee was re-hired within 60 days of termination. -They had not done a HCPR check for Staff #1 when he had been rehired on 10/26/19. V 133 G.S. 122C-80 Criminal History Record Check V 133 G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.

Division of Health Service Regulation

Chapter.

(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health. developmental disability, and substance abuse services that is licensable under Article 2 of this

(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an

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Division of	of Health Service Re	egulation			TOWN DATE	CLIDVEY.
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NAME OF P	ROVIDER OR SOFF LIER		TROCK DRIV			
COLLEG	E LAKES		VILLE, NC 28			
	0.0000000000000000000000000000000000000	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
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V 133	Continued From pa	age 5	V 133			
		osition that does not require the				
	applicant to have a	in occupational license is				
	conditioned on con	isent to a State and national				
	criminal history rec	ord check of the applicant. If				
	the applicant has b	peen a resident of this State for				
	less than five years	s, then the offer of employment				
	is conditioned on o	consent to a State and national				
	criminal history red	cord check of the applicant. The	1			
	national criminal h	istory record check shall				
	include a check of	the applicant's fingerprints. If been a resident of this State for				
	the applicant has t	, then the offer is conditioned				
	on consent to a St	ate criminal history record				
	check of the applic	cant. A provider shall not				
	employ an applica	nt who refuses to consent to a				
	criminal history re-	cord check required by this				
	section. Except as	otherwise provided in this				
	subsection, within	five business days of making				
	the conditional off	er of employment, a provider				
	shall submit a req	uest to the Department of				
1	Justice under G.S	cord check required by this				
	continual history re	ibmit a request to a private				
1		a State criminal history record				
	check required by	this section. Notwithstanding				
	G.S. 114-19.10, th	ne Department of Justice shall				
	return the results	of national criminal history				
	record checks for	employment positions not				
	covered by Public	Law 105-277 to the				
	Department of He	ealth and Human Services,				
	Criminal Records	Check Unit. Within five receipt of the national criminal				
	biston of the per	son, the Department of Health				
	and Human Serv	ices, Criminal Records Check				
	Unit shall notify t	he provider as to whether the				
	information receiv	ved may affect the employability	/			
	of the applicant.	n no case shall the results of th	е			
	national criminal	history record check be shared				

with the provider. Providers shall make available

PRINTED: 12/19/2019 FORM APPROVED 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: B. WING MHL026-964 12/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5104 FLATROCK DRIVE **COLLEGE LAKES** FAYETTEVILLE, NC 28311 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 6 V 133 upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the

Division of Health Service Regulation

filled.

commission of the crime, if known.

(6) The prison, jail, probation, parole,

(5) The nexus between the criminal conduct of the person and the job duties of the position to be

rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: R B. WING \_\_\_ 12/10/2019 MHL026-964 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5104 FLATROCK DRIVE **COLLEGE LAKES** EAVETTEVILLE NC 28311

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a relevant offense.  The fact of conviction of a relevant offense alone shall not be a bar to employment, however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.  (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:  (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.  (2) Failure to check an employee's criminal history record check is requested and received in compliance with this section.  (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Homicide; Article 7A, Rape and Other Sex Offenses;	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE		
Injury or Damage by Use of Explosive or	V 133	a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provide If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a cop of the criminal history record check to the applicant.  (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:  (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received compliance with this section.  (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor felony, that bears upon an individual's fitness to have responsibility for the safety and well-being persons needing mental health, developmental disabilities, or substance abuse services. Thes crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of th General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers Article 6, Homicide; Article 7A, Rape and Othe Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Maliciour	e r. toy  n n al. in or				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R	
	MHL026-964	B. WING _		1	K 10/2019
NAME OF PROVIDER OR SUPPLIE	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
COLLEGE LAKES		TROCK DR VILLE, NC			
(X4) ID SUMMARY S	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)NI	0.5
PRÉFIX (EACH DEFICIENC TAG REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133 Continued From p	age 8	V 133			
Incendiary Device and Other Housek Other Burnings; A Robbery; Article 1 False Pretenses a Obtaining Property Fraudulent Use of Article 19B, Finand Act; Article 20, Fra 26, Offenses Again Decency; Article 27, Prostitu 29, Bribery; Article Office; Article 35, Opeace; Article 36A Article 39, Protection of the Fintoxication; and A Crime. These criminals of drugs in vio Controlled Substar 90 of the General Strong of the	or Material; Article 14, Burglary reakings; Article 15, Arson and ticle 16, Larceny; Article 17, 8, Embezzlement; Article 19, and Cheats; Article 19A, or Services by False or Credit Device or Other Means; sial Transaction Card Crime uds; Article 21, Forgery; Article at Public Morality and 6A, 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 as 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 of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a pord check under this section class A1 misdemeanor.	V 133			

PRINTED: 12/19/2019 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 12/10/2019 MHL026-964 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5104 FLATROCK DRIVE **COLLEGE LAKES FAYETTEVILLE, NC 28311** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 133 V 133 Continued From page 9 criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete criminal history record checks within five days of conditional offer of employment for 1 of 3 staff audited (Staff #1). The findings are: Review on 12/6/19 and 12/10/19 of Staff #1's record revealed: -Most recent hire date was 10/26/19. -Prior hire date of 4/2/18. -Resignation letter dated 7/29/19. -Division of Employment Security form documented Staff #1 resigned and agreed to work a 2 week notice. He was posted during this time but failed to work, so his last day of employment was 7/27/19.

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stated:

-No criminal background consent or check documented between his last day of employment

Interview on 12/10/19 the Qualified Professional

-According to the facility policy, the criminal background check did not have to be repeated if

and his hire date of 10/26/19.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL026-964	B. WING			R <b>10/2019</b>
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY	STATE, ZIP CODE	121	10/2019
COLLEG	SE LAKES	5104 FLA	TROCK DR	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	terminationThey had not done	ge 10 e-hired within 60 days of a criminal background check e had been rehired on	V 133			
	Grooming  10A NCAC 27F .010 AND GROOMING (a) Each client shall dignity, privacy and lof personal health, head such rights shall ince to the: (1) opportunity daily, or more often a comportunity opportunity and paper and soap for experience of the composition of	I be assured the right to humane care in the provision hygiene and grooming care. Idde, but need not be limited of for a shower or tub bath as needed; to shave at least daily; to obtain the services of a fan; and of linens and towels, toilet each client and other hygiene articles for each other articles include but are easte, toothbrush, sanitary having cream and shaving overs and toilets which ensure all be available.  I avatory and bath facilities a client with a mobility available.	V 540			

Based on record review, observation, and interviews, the facility failed to assure the right to

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 12/10/2019 B. WING MHL026-964 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5104 FLATROCK DRIVE **COLLEGE LAKES FAYETTEVILLE, NC 28311** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 540 V 540 Continued From page 11 dignity in the provision of hygiene and grooming care, and the provision of linens and towels for 1 of 3 audited clients (#4). The findings are: Observations on 12/6/19 at approximately 9:00 am revealed: -Client #4 walked with an unsteady gait to the kitchen for a snack. The client's pants were visibly wet. -Client #4 sat at the kitchen table and ate a pudding cup with his hands. -Following his snack, Staff #1 assisted client #4 to the shower in the bath/laundry room. -Staff #1 left the client in the shower to go search for a towel. Staff #1 looked inside the linen closet outside of client #4's bedroom and re-entered client #4's bedroom. -Before Staff #1 returned to the bath/laundry room, client #4 walked from the shower into the family/dining room wearing no clothing. He was visibly dripping wet. The other 3 clients and surveyor were in the family/dining room area. -The surveyor notified Staff #1 and he came from the client #4's bedroom and escorted him to his room. The staff had no towel to provide the client. -Staff #1 left the client in the bedroom and returned to the bath/laundry room. When he returned to the client's bedroom, he still had no towel. Observations on 12/6/19 at 9:45 am revealed: -The shower door in the bath/laundry room was broken and unsteady. (See V736 for additional details.)

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-There were no towels in the linen closet. -The Qualified Professional looked in the client's

room and could not find any towels.

Interview on 12/6/19 Staff #1 stated:

Division of Health Service Regulation

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
	v	MHL026-964	B. WING		R <b>12/10/2019</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	1 261	10/2013
COLLEG	GE LAKES		TROCK DR			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 540	-Client #4 needed m clients. Client #4 co -Client #4 had wet h Interview on 12/6/19 stated: -She was aware of t shower door in the k been instructed to n -The facility provided -The towels were ste -Client #4 required h often. He may not habecause they were i -If there were no tow	nore care than the other uld not dress himself.  Ithe Qualified Professional the unstable condition of the path/laundry room. Staff had ot use this shower. It is laundry to be washed ave had towels in his room in the laundry.  It is available in a client room taff could find additional linen.	V 540			
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		REMENTS				
	was not maintained in and orderly manner.  Observations on 12/6-Glass in top of the syard had been broken	n and interview, the facility n a safe, clean, attractive				

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PRINTED: 12/19/2019 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R B. WING 12/10/2019 MHL026-964 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5104 FLATROCK DRIVE **COLLEGE LAKES FAYETTEVILLE, NC 28311** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 V 736 Continued From page 13 broken window. -Back storm door handle was missing. A string had been tied to the storm door and was pulled through the crack between the metal door and door frame to the interior of the home. A screw was protruding from the interior of the door facing at the level of the storm door missing handle. -A fist sized dent with dark brown smear present on the metal door leading to the back yard. -Shower inside the combination bathroom/laundry room: shower door frame and glass panel separated and unstable. Gap between door frame and glass more than an inch at top. When opened, glass was very loose and wobbly. -Hole in the wall below with back window in family room approximately 12 by 5 inches in size. -Large cracks in upper panels of client #2's bed room door. -Kitchen: Missing drawer in base cabinet near stove. Lazy Susan shelving stained dark brown/rust color. -Square hole in wall approximately 12 by 12 inches in dining area. -1 light bulb missing over sink in client #3's bathroom. -Hole in wall behind the door in hall bathroom. -Sofa in family room had dark gray stains and torn upholstery. Observations on 12/6/19 at approximately 9:00 am revealed Staff #1 assisted client #4 to take a shower in the bath/laundry room shower. Staff #1 left the client in the shower to go search for a towel. Client #4 exited the shower when Staff #1

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stated:

was searching his bedroom for linen.

shower door in the bath/laundry room.

Interview on 12/6/19 the Qualified Professional

-She was aware of the unstable condition of the

STATE FORM

Q2SD11

Division of Health Service Regulation

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL026-964	B. WING			R <b>10/2019</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	121	10/2019	
COLLEG	SE LAKES		TROCK DR VILLE, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 14	V 736				
		ructed to not use this shower. why there was a hole in the ea.					
	This deficiency has original cite on 9/6/1 within 30 days.	been cited 2 times since the 8 and must be corrected					
						*	
		,					

Division of Health Service Regulation STATE FORM

Findings	Corrective Action	s Preventive Measurements	Responsible Party	Time Frame
10A NCAC 27G .0209 Medication Requirements	Documentation was shown proven at the time of the survey that medication had been and being completed correctly. No medication was being given more than prescribed	A check of the MAR will be conducted upon		60 days
G.S. 131E-256 (D2) HCPR – Prior Employment Verification	Policy on the rehire process will be updated	Health Care Registry Check will be performed for any staff who has been rehired regardless of time frame	Administrative Staff	60 days
G.S. 122C-80 Criminal History Record Check		Criminal Background Record Check will be performed for any staff who has been rehired regardless of time frame	Administrative Staff	60 days
10A NCAC 27F .0103 Health, Hygiene and Grooming	surveyor, lien is accessible but at	Hygiene and grooming supplies are purchased as needed to ensure	Support Specialist	60 days

	was taking place because it was laundry day, at which the individual's laundry was in the dryer at the time.	the individuals needs are met		
10A NCAC 27G .0303 Location and Exterior Requirements	Work orders have a 2 week turn around. Unfortunately, the issue had not been addressed during time of survey	Once work orders are turned in, maintenance will be notified the same day and issue will be solved based on its urgency	Maintenance Administration Staff	30 days