

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-926</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/25/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROFESSIONAL FAMILY CARE HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 PATRICK DRIVE</b> <b>FAYETTEVILLE, NC 28306</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on February 25, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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 observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 02/24/19 of the facility revealed:</p> <ul style="list-style-type: none"> <li>- Bathroom #1 had a large patch of mildew, approximately 3 inches in length, growing and hanging under the bath spout in shower/tub.</li> <li>- Client #3's bedroom revealed 2 dresser drawers off track and 3 dresser drawer handles missing.</li> <li>- The kitchen stove had a film of grease on the top surface of the vent hood. The side of the kitchen counter appeared soiled and stained to the left of the dishwasher.</li> <li>- The dining room table had food stains and food debris stuck to the outside perimeter of the table.</li> <li>- The dining room chairs were stained.</li> </ul>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	Continued From page 1  Interview on 02/28/19 the Qualified Professional stated: - He had no additional questions regarding findings at the exit conference.  [This deficiency constitutes a re-cite deficiency and must be corrected within 30 days.]	V 736		