

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-926	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/25/2020
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 Patrick Drive Fayetteville, NC 28306
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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	Initial Comments An annual and follow-up survey was completed on February 25, 2020. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: V 736 Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 02/24/19 of the facility revealed: - Bathroom #1 had a large patch of mildew, approximately 3 inches in length, growing and hanging under the bath spout in shower/tub. - Client #3's bedroom revealed 2 dresser drawers off track and 3 dresser drawer handles missing. - 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. - The dining room table had food stains and food debris stuck to the outside perimeter of the table. - The dining room chairs were stained.	V 736	DHSR-Mental Health MAR 25 2020 Lic. & Cert. Section - Bathroom #1: Mildew was removed and staff to thoroughly clean the restroom weekly - Client #3: dresser drawer to be placed on track and missing handles replaced. - Stove and counter soils and stains were removed and staff to thoroughly clean the kitchen weekly - Food stains and debris on the outside perimeter of the table were removed - Dining room chair stains will be removed or chairs replaced	03.04.2020 03.18.2020 03.04.2020 03.04.2020 03.18.2020

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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 Patrick Drive Fayetteville, NC 28306		
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V736	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.]	V736		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

March 10, 2020

Shenethia Shaw, Clinical Director
Professional Family Care Services, Inc.
P.O. Box 35150
Fayetteville, NC 28303

Re: Annual and Follow Up Survey Completed February 25, 2020
Professional Family Care Home #2, 1016 Patrick Drive, Fayetteville, NC 28314
MHL# 026-926
E-mail Address: prffamcare@aol.com
lrobinson@pfcnc.com

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed February 25, 2020.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiency

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is March 26, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

March 10, 2020
Shenethia Shaw, Clinical Director
Professional Family Care Services, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear at 910-214-0350.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Meredith", with a stylized flourish extending to the right.

Ryan Meredith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant