

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-964	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/12/2021
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NAME OF PROVIDER OR SUPPLIER COLLEGE LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311
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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
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V 000

INITIAL COMMENTS

An annual, complaint and follow up survey was completed on August 12, 2021. The complaint was unsubstantiated (intake #NC00178626). Deficiencies were cited.

V 000

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.

RECEIVED
By psammons at 11:28 am, Sep 01, 2021

V 114

27G .0207 Emergency Plans and Supplies

V 114

10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES
(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.
(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.
(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.
(d) Each facility shall have basic first aid supplies accessible for use.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to have a fire and disaster drills held at least quarterly and repeated on each shift. The findings are:

Review on 8/12/21 of the facility records from 7/1/20 - 6/30/21 revealed:
-No fire or disaster drills were documented for the

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Jamona Bishop

TITLE *Director of Services* (X6) DATE *8/26/2021*

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V 114	<p>Continued From page 1</p> <p>3rd quarter (7/1/20-9/30/20) of 2020. -No fire or disaster drills were documented for the 4th quarter (10/1/20-12/31/20) of 2020.</p> <p>Interview on 8/12/21 staff #1 stated: -He worked at the facility for 7 months. -He worked both shifts. -Drills were completed monthly on the 5th, 15th and 25th.</p> <p>Interview on 8/11/21 staff #2 stated: -He worked with the company for 3 years and at the current facility a few months. -He worked both shifts. -Drills were completed "4 times a month" on the 5th, 15th and 25th.</p> <p>Interview on 8/12/21 staff #3 stated: -He worked at the facility for almost 3 months. -He worked both shifts. -He had only participated in a tornado drill.</p> <p>Interview on 8/10/21-8/12/21 the Qualified Professional stated: -The facility had 3 shifts 1st (8am-4pm) 2nd (4pm-12am) and 3rd (12am-8am). -The facility was short staffed and staff worked 2 shifts 8am-8pm and 8pm-8am for most of 2021. -She would have to locate all the fire and disaster drills for the past 4 quarters. -She was unsure why fire and disaster drills for the past year were requested. -She had not provided fire and disaster drills for a year (4 quarters) in the past surveys. -She was unable to locate fire and disaster drills for 2020. -She understood fire and disaster drills were to be held quarterly and repeated on each shift.</p>	V 114		

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V 736	Continued From page 2	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 8/10/21 between 3:25pm and 4:30pm revealed:</p> <ul style="list-style-type: none"> -The bedroom at the end of the hall to the left had excessive damage to each wall. There was missing sheetrock that exposed the installation and the wood frame the length of the wall and the width about 1/3 of the wall and 4 holes in the wall below the missing sheetrock of different shapes and sizes above the head of the bed. The adjacent wall had missing sheetrock with exposed the installation and the wood frame on both sides of the window each about 2 feet by 2 feet. There was a hole in the wall below the window. The next adjacent wall and wall with closet had multiple holes and missing sheetrock that exposed the wood frame of various sizes and shapes. -The master bedroom door had 2 cracks about 6 inches by 4 inches. The master bathroom door was off the hinges. The top lid of the toilet was missing. -The hallway linen closet door was missing. 	V 736		

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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> -The hall bathroom had missing sheetrock surrounding the light switch about 3 times the size of the light switch that exposed wire and the hall was visible through the missing sheetrock. The floor vent had brown rust like substance covering the vent. -The hall had holes in sheetrock approximately 3 on each side of various shapes and sizes. -The living room wall with the facility's decorative board had square shaped holes on each side of board. -The living room/dining area ceiling had a discolored white paint like substance the length of the dining area. -The bedroom off the kitchen had a hole in the wall next to the window approximately 12 inches by 12 inches. The carpet had light and dark spots of various shapes and sizes. -The back bathroom with the laundry area had a hole in the wall next to the toilet about the size of a fist. -The sitting area in the back of the facility had various dark spots on the carpet. <p>Interview on 8/12/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -The repairs at the facility were ongoing. -Some repairs were on hold pending discharge of client #4 who was recommended for a higher level of care. <p>This deficiency constitutes a re-cited deficiency and must be corrected within <u>30 days</u>.</p>	V 736	<p>DHSR - Mental Health</p> <p>SEP 01 2021</p> <p>Lic. & Cert. Section</p>	
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Findings	Corrective Measures	Preventive Measures	Responsible Party/ How often	Time Frame
10A NCAC 27G . 0207 EMERGENCY PLANS AND SUPPLIES	Add the responsibility of management collection of data to policy on disaster drills	Management team will collect disaster drills on a monthly basis and file at office to ensure they can be located when needed	Management Monthly	60 Days
10A NCAC 27G . 0303 LOCATION AND EXTERIOR REQUIREMENTS	Support Specialist will contact admin staff at office who will contact maintenance. There is a two week turn around for property damage being completed	Strategies will be put in place to assist in preventing individual from engaging in property damage	Admin Staff Support Specialist. As often as damage occurs	30 Days