

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL079-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/01/2022
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RECEIVED

FEB 23 2022

DHSR-MH Licensure Sect

NAME OF PROVIDER OR SUPPLIER  
FAYETTEVILLE STREET COMMUNITY LIVING HOMES

STREET ADDRESS, CITY, STATE, ZIP CODE  
855 MORGAN ROAD  
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 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 2/1/22. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  The survey sample consisted of audits of 3 current clients.	V 000	Emergency Plan and Supplies	V114 276 0207 2/3/22
V 114	27G .0207 Emergency Plans and Supplies  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 ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:  Interview on 1/31/22 with paraprofessional #1 revealed staff worked 3 shifts that included 1st	V 114	Fayetteville Street Community Living Home is a residential facility that current houses (3) Innovation Waiver residents at this location.  The care of the residents as well as staffing is a priority of FSLCH and all duties and tasks are taken seriously. FSLCH immediately have the following action in place to correct the deficiencies cited on 2/1/22.  The action is as follows: FSLCH will conduct fire and disaster drills quarterly and will spontaneously be repeated on each shift. The drills are conducted under conditions that will simulate fire and disaster emergencies.	

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

Robert Williams BS, AP

TITLE

Administrator

(X6) DATE

2/2/22

STATE FORM

6899

0G1011

If continuation sheet 1 of 2

Division of Health Service Regulation

PRINTED: 02/03/2022  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL079-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  
**FAYETTEVILLE STREET COMMUNITY LIVING HOMES**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**855 MORGAN ROAD  
EDEN, NC 27288**

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V 114	<p>Continued From page 1</p> <p>(8:00am - 4:00pm), 2nd (4:00pm - 12:00am) and 3rd (12:00am - 8:00am).</p> <p>Review on 1/31/22 of the fire drill logs for the months of January 2021 - December 2021 revealed:</p> <ul style="list-style-type: none"> <li>-No documentation that a 2nd shift drill was completed during the 3rd quarter of July 2021 - September 2021;</li> <li>-No documentation that 2nd or 3rd shift drills were completed during the 4th quarter of October 2021 - December 2021.</li> </ul> <p>Review on 1/31/22 of the disaster drill logs for the months of January 2021 - December 2021 revealed:</p> <ul style="list-style-type: none"> <li>-No documentation that a 3rd shift drill was completed during the 1st quarter of January 2021 - March 2021 or the 2nd quarter of April 2021 - June 2021;</li> <li>-No documentation that a 1st shift drill was completed during the 3rd quarter of July 2021 - September 2021 or the 4th quarter of October 2021 - December 2021.</li> </ul> <p>Interview on 2/1/22 with the Qualified Professional revealed that it was the responsibility of the Owner to ensure that drills were completed as required.</p> <p>Interview on 2/1/22 with the Owner revealed:</p> <ul style="list-style-type: none"> <li>-It was her responsibility to ensure fire and disaster drills were completed as required;</li> <li>-She was aware that fire and disaster drills were required to be completed quarterly for each shift;</li> <li>-She was sure that the drills had been completed as required but the staff had failed to document accurately.</li> </ul>	V 114	<p><i>These drills will be closely monitored by the Administration and QP to prevent situations from occurring again, and to ensure we are following all state guidelines. More staff training will be provided as it relates to documentation and to ensure full knowledge to eliminate risk.</i></p> <p><i>All First Aid Supplies are accessible to staff and are available for use at any given time.</i></p>	

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL079-132	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/1/2022
NAME OF FACILITY FAYETTEVILLE STREET COMMUNITY LIVING HOMES #3	STREET ADDRESS, CITY, STATE, ZIP CODE 855 MORGAN ROAD EDEN, NC 27288	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0289	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .5601	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/01/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Sheri Spicer	DATE 2/4/22
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Robin Williams, BS, QP Administrator	DATE 2/4/22
FOLLOWUP TO SURVEY COMPLETED ON 12/17/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		