STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
7.110 1 27.11	or correction.	is Entri 16, the tribinis Ent	A. BUILDING:				
		MHL026-964	B. WING		08/0	₹ 3/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
COLLEG	E LAKES		TROCK DRIN				
JOLLEG	E LARLO	FAYETTE	VILLE, NC 2	28311			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
		w up survey was completed Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
		sed for 4 and currently has a urvey sample consisted of clients.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive					
		on and interview, the facility I in a safe, clean, attractive					
	during tour of the fa-There were 3 large the wall to the right -The center wall ne and 1 painted patch wall and 1 painted p-The living room ha areas between the	e white paint patched areas on of the entrance. ar the entrance had 2 large ned areas on one side of the patch on the other side. d 3 large painted patched					

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

TITLE (X6) DATE

<u>Division</u>	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL026-964		B. WING		R 08/03/2022		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
			ROCK DRIV			
COLLEG	E LAKES		/ILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 736	Continued From page 1		V 736			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 spots. -The carpet had 3 lines torn approximately 6 inches to 12 inches. -The main hallway had large areas of white paint patches. -There was a square shaped hole in the hallway near client #3's bedroom. -There was a large painted patch area on both sides of the door behind the couch. -The perimeter of client #1's bedroom was missing drywall and exposed the frame and insulation. -There were no closet doors in client #1's bedroom. -Client #4 bedroom door have had 2 crack areas approximately 4 by 4 inches each. -The bathroom in client #4's bedroom was missing a door. -The bathroom in client #4's bedroom was missing a water tank lid. -The smoke detector in the hallway and client #3's bedroom was chirping about every minute. -There was a circular hole about the size of a grapefruit in client #3's bedroom near the closet. -The hallway bathroom bathtub facet was missing a hot water knob. -There was water leaking from under the sink when the water was turned on. -The kitchen cabinets were missing knobs, 2 cabinets were off alignment and a cabinet door was missing. -Client #2's bedroom closet had a missing door. -There were no window curtains or privacy glass in client #2's bedroom. -Client #2's bedroom.					

Interview on 8/2/22 and 8/3/22 the Director of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
, , , , , , , , , , , , , , , , , , , ,			A. BUILDING:		В		
MHL026-964		B. WING		R 08/03/2022			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
COLLEG	E LAKES		TROCK DRIN				
			VILLE, NC 2	8311			
(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 SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 2	V 736				
	the facility. -A discharge had be 2021 but no placer client #1. -Repairs needed fro #1 was around of \$ -Repairs were on he discharge.	een in place since October nent had been located for om damage caused by client 10,000. old pending client #1's					
V 774	27G .0304(d)(7) Mi	nimum Furnishings	V 774				
	EQUIPMENT (d) Indoor space reprior to October 1, square footage requime. Unless otherw residential facilities 1988 shall meet the requirements: (7) Minimum furnishinclude a separate	quirements: Facilities licensed 1988 shall satisfy the minimum uirements in effect at that vise provided in these Rules, licensed after October 1, e following indoor space nings for client bedrooms shall bed, bedding, pillow, bedside for personal belongings for					
		on and interview, the facility nimum furnishings for client					

6899

Division of Health Service Regulation STATE FORM

IUPN11 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
7.1.12 . 2.1.1	o. oo.u.20o		A. BUILDING:	·			
		MHL026-964	B. WING		08/0	R 3/2022	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
COLLEGE LAKES 5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311							
	OLIMANA DV. OTA			T	211		
(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 APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 774	Continued From pa	ge 3	V 774				
	during tour of the fa -Client # 1, client #2	2 and client #4's mattresses here were no bed rails or					
	Services/Qualified Professional stated: -Client #2 broke his bed by "flopping" on his bedClient #4 intentionally broke his bed when he found out client #2 was getting a new bedClient #1 broke his bed a while agoClient #2 and client #4 beds were recently brokenShe planned to purchase beds for the clients this week.						

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