Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-820	B. WING		05/2	6/2023
NAME OF F	PROVIDER OR SUPPLIER		I.	STATE, ZIP CODE	1 00	<u></u>
FAVOUR HOME 2 3825 CASHEW DRIVE RALEIGH, NC 27616						
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on 5/26/23. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.					
		sed for 6 and currently has a urvey sample consisted of clients.				
V 109	27G .0203 Privileging/Training Professionals		V 109			
	QUALIFIED PROFI ASSOCIATE PROFI (a) There shall be a qualified profession (b) Qualified profes professionals shall and abilities require (c) At such time as employment systen then qualified profe professionals shall (d) Competence sh exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal sh (6) communication (7) clinical skills. (e) Qualified profes NCAC 27G .0104 (met the requirement	ressionals no privileging requirements for als or associate professionals. ssionals and associate demonstrate knowledge, skills ad by the population served. a competency-based is established by rulemaking, ssionals and associate demonstrate competence. hall be demonstrated by s including: edge; ess; g; kills;				

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-820	B. WING		05/2	6/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE			
FAVOUR HOME 2 3825 CASHE						
(V4) ID	SLIMMARY STA		, NC 27616	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	ACH CORRECTIVE ACTION SHOULD BE COMPLE CONTROL DATE	
V 109	Continued From page 1		V 109			
	(f) The governing to develop and implement for the initiation of a plan upon hiring ea (g) The associate properties by a quapopulation served for the governing the served for the governing the gover	pody for each facility shall nent policies and procedures an individualized supervision ch associate professional. professional shall be alified professional with the or the period of time as 104 of this Subchapter.				
	Qualified Profession	view and interview, the nal (QP) did not meet the ment for the MH/DD/SAS				
	Review on 5/26/23	the QP's record revealed:				
	Employed: 10/2Title: QPNo documentate degree	22/21 tion of having a bachelor's				
	Interview on 5/26/2	3 the QP reported:				
		I 2 or 3 years ate's degree in human services did not have a bachelor's				
	Interview on 5/26/2	3 the Administrator reported:				
	- The QP was in her	college before working with				

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL092-820	B. WING		05/2	26/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3825 CASHEW DRIVE RALEIGH, NC 27616							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 109	- She "believed" degree - She would spea - If the QP did not the Administrator ha	the QP had a bachelor's ak with the QP and find out bt have a bachelor's degree, ad a nurse with a BSN g) that she could speak with	V 109				

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