Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL092-820 05/26/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3825 CASHEW DRIVE **FAVOUR HOME 2** RALEIGH, NC 27616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 5/26/23, A deficiency was cited. RECEIVED This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised JUN 12 2023 Living for Adults with Mental Illness. **DHSR-MH Licensure Sect** This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. V 109 27G .0203 Privileging/Training Professionals V 109 Administrator will 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND 11000 Favour Homez ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: technical knowledge; (2) cultural awareness; monitor services (3) analytical skills; (4) decision-making; (5) interpersonal skills: (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. Division of Health Service Regulation

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division of H	Health Service Re	egulation			FORM APPR	KOVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
		MHL092-820	B. WING		05/26/202	23
NAME OF PROV	VIDER OR SUPPLIER	STREET AC	DDRESS, CITY,	, STATE, ZIP CODE		
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(f) dev for plai (g) sup	velop and implem the initiation of a in upon hiring eac The associate p pervised by a qua pulation served fo	ge 1 pody for each facility shall ment 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.	V 109			
Bas Qua edu pop Rev degi Inter	sed on record revalified Professional requirem outlation served. The riew on 5/26/23 the Employed: 10/22 Title: QP No documentation recurred on 5/26/23 Been employed: Title: QP Had an associate Confirmed she directly recurred on 5/26/23 the recurrence of the recur	he QP's record revealed: 2/21 on of having a bachelor's the QP reported:		V109 AS per over discustive the annual survey completed 5/26/23 regarding position, the admission, the admission of the facelety nurse. A BSN (Bachelor was well a preed to be the appeal to be the appeal are well for the credential for the redential for the redential for the redential	Oir ith and	

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Division	of Health Service Re	egulation	La co								
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/	26/2023					
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RALEIGH, NC 27616											
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V 109	degree - She would spea - If the QP did no the Administrator ha	the QP had a bachelor's ak with the QP and find out t have a bachelor's degree, ad a nurse with a BSN by that she could speak with	V 109	DEFICIENCY)							

RN Permanent License

Approval Date

07/02/2015

Expiration Date

01/31/2025

Confirmation/Reference #

License Status

Active

Charges/Discipline

No

Compact Status

Multi State

Important notes:

- Multi State: Authority to practice as a licensed nurse in a remote state under the current license provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single State: Authority to practice as a licensed nurse only in the state of North Carolina and the privilege is not otherwise restricted.
- The North Carolina Board of Nursing certifies that it maintains the information for the license verification function of this website and considers it to be a secure, primary source for license verification.

Information loaded from this database is current as of 3/30/2023 12:06:05 PM.

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BASIC LIFE SUPPORT

HeartCode® Complete BLS Provider



has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date

06/29/2022

HeartCode Complete Location

UNC Johnston Health

The HeartCode Program is provided by: American Heart Association RQIQuestions@heart.org Renew By 06/30/2024

eCard Code

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to https://certificates.rqi1stop.com/certificates/us//verify_certificate

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