

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-964</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/09/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE LAKES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5104 FLATROCK DRIVE</b> <b>FAYETTEVILLE, NC 28311</b>
--	--

(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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed February 9, 2024. The complaint was substantiated (intake #NC00211802). A deficiency was cited.</p> <p>This facility is licensed for the following rule area: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></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 of the facility on 02/07/24 at approximately 11:30am revealed: -Brown circular stains in various sizes on the ceiling above the bulletin board. -An end table in the living room was missing the glass top. -The carpet throughout the facility was rippled and stained and long rips and tears in the carpet in the living room. -Approximately 9 plastered and unfinished repairs on the walls in the sitting area ranging from large to small in size.</p>	V 736		

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:  <b>MHL026-964</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/09/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE LAKES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311</b>
--	--

(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 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-The small walk way to the left of the entrance door had a baseball size hole in the sheetrock near the base board and near the light switch.</li> <li>-The laundry room/bathroom had exposed metal on the corner of the wall. The wall next to the toilet had a large hole. Several plastered and unfinished areas on the walls. The shower was stained and the window was had a fabric tacked into the wall for the covering. The light switch and receptacles covers were broken.</li> <li>-The hallway leading to the bedrooms the walls were plastered and unfinished.</li> <li>-Client #2's bedroom the air vent cover was rusted. 3 basketball size holes in the wall. Approximately 8 plastered and unfinished areas on the walls. No sheets or a pillow on the bed. The closet door had a hole and the wood was cracked.</li> <li>-The door in the hallway did not have any doors.</li> <li>-The hall bathroom did not have a toilet. No door knob was on the door. A hole in the floor was exposed due to no vent cover. All the walls were plastered and unfinished. No shower head.</li> <li>-Client #3's bedroom the window was opened and the mattress was on the floor with no bed frame. The wall had a hole the size of a basketball next to the window. The closet door had a hole at the top of the door. A large hole inside the closet. Two other holes in the wall inside the closet approximately the size of a softball and larger. Approximately 7 plastered areas and unfinished areas on the walls. The bathroom located inside the bedroom had several plastered and unfinished areas. The bathroom had a foul odor and the light fixture had two light bulbs that were not working. The sink was dirty with what appeared to be shaved hair.</li> <li>-Client #4's bedroom did not have any closet doors.</li> <li>-The chandelier light above the table in the living</li> </ul>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-964</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/09/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE LAKES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311</b>
--	--

(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 736	<p>Continued From page 2</p> <p>area had 14 light bulbs that were not working. -The dining room/kitchen area had a area of broken sheetrock approximately the size of 2 basketballs. There was an approximately 3 foot by 3 foot white patched area on the wall. An approximately 6 inch by 6 inch hole in the wall. Several other various white patched areas on the walls. -Client #1's bedroom had a louver closet door off the tracks. The light switch cover was missing on/off mechanism. An approximately 4 foot by 2 foot and 2 foot by 2 foot white patched areas on the wall. The floor register vent was rusty. The carpet had dark spots and bleached spots. The bottom drawer of the dresser was missing. -The carpeted area behind the dining room/kitchen had deeply soiled carpet with dark stains.</p> <p>Interview on 02/07/24 and 02/09/24 the Qualified Professional stated: -Some of the damage done to the facility walls was from a previous client. -The facility was undergoing repairs.</p> <p>This deficiency has been cited 5 times since the original cite on 2/22/21 and must be corrected within 30 days.</p>	V 736		