Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL026-964 02/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5104 FLATROCK DRIVE **COLLEGE LAKES FAYETTEVILLE, NC 28311** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed February 9, 2024. The complaint was substantiated (intake #NC00211802). A deficiency was cited. This facility is licensed for the following rule area: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. RECEIVED V 736 27G .0303(c) Facility and Grounds Maintenance V 736 MAR 0 1 2024 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS DHSR-MH Licensure Sect** (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. 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: 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. Division of Health Service Regulation

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

TITLE Director of Serves (X6) DATE 2

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NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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V 736			d			
	top of the door. A Two other holes in approximately the Approximately 7 pareas on the wall	A large hole inside the closet. In the wall inside the closet It size of a softball and larger. It starts are as and unfinished It is the bathroom located inside		1 00 T 0		
	unfinished areas. and the light fixtu not working. The appeared to be s -Client #4's bedro doors.	several plastered and The bathroom had a foul odor re had two light bulbs that were sink was dirty with what to haved hair. bom did not have any closet ight above the table in the living				

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	
		MHL026-964	B. WING _			R 09/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
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(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 736	area had 14 light bu-The dining room/kit broken sheetrock ap basketballs. There we by 3 foot white patch approximately 6 inch Several other various walls. -Client #1's bedroom the tracks. The light on/off mechanism. A foot and 2 foot by 2 the wall. The floor recarpet had dark spot bottom drawer of the The carpeted area I room/kitchen had destains. Interview on 02/07/2. Professional stated: -Some of the damag was from a previous -The facility was und	allbs that were not working. In then area had a area of opproximately the size of 2 was an approximately 3 foot ned area on the wall. An in by 6 inch hole in the wall. It is white patched areas on the in had a louver closet door off switch cover was missing an approximately 4 foot by 2 foot white patched areas on egister vent was rusty. The its and bleached spots. The electronic deciries the dining peply soiled carpet with dark and 02/09/24 the Qualified ite done to the facility walls client.	V 736			

Findings	Corrective Measures	Preventive Measures	Responsible Party/ How often	Time Frame
10A NCAC 27G 0303 Location and Exterior requirements	Maintenance has been working on getting everything completed at the home. While surveyors were on site maintenance came and was working on facility, per the work orders that were submitted	Work orders are completed as soon as damage occurs. Depending on the work that has to be completed, it may take longer than the two weeks that is alloted, per our policy on property damage	Management Admin Staff	30 days