

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2024
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NAME OF PROVIDER OR SUPPLIER CAMERON DRIVE FAMILY CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2608 CAMERON DRIVE SANFORD, NC 27332
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(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>INITIAL COMMENTS</p> <p>An annual survey was completed on May 23, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</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 interviews, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 5/23/24 at approximately 8:40 am of the facility revealed:</p> <ul style="list-style-type: none"> -Living Room - There was a hole about 8 inches long and 4 inches wide on the wall leading to the kitchen. -Hallway to Bedrooms - Ceiling light was not working. -Client #3's Bedroom - Door to the room was broken/cracked in many places. <ul style="list-style-type: none"> - Window blinds were missing sections. - Footboard from bed was broken 	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Medicine closet - There was a hole punched in on the door about the size of a fist. -Bathroom - Blinds in window were missing 3 sections <p>Interview on 5/23/24 with the Director of Quality Management revealed:</p> <ul style="list-style-type: none"> -He was not aware of the holes on the walls. -Client #3 had a history of property destruction. -Client #3 would be receiving a new Psychological evaluation. -Facility would be requesting for a 1:1 and perhaps a higher level of care for Client #3. 	V 736		