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: MHL053-083 B WING 05/23/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2608 CAMERON DRIVE CAMERON DRIVE FAMILY CARE FACILITY SANFORD, NC 27332 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Victor & Associates will ensure that the facility V 000 INITIAL COMMENTS V 000 7/22/2024 is maintained in such a manner to ensure a safe. clean, attractive, odorless, and orderly An annual survey was completed on May 23, environment through implementation of a 2024. A deficiency was cited. preventive maintenance system. This facility is licensed for the following service All identified repair needs will be addressed to category: 10A NCAC 27G .5600C Supervised include but not limited to repair holes in the Living for Adults with Developmental Disabilities. walls, ceiling light replacement, foot board repair, replace broken window blinds, repair of The facility is licensed for 3 and currently has a 7/22/2024 holes in any doors, etc. census of 3. The survey sample consisted of audits of 3 current clients. Staff will be in-service on completing the maintenance work order form upon V 736 27G .0303(c) Facility and Grounds Maintenance V 736 identification of facility repair needs, and complete incident reports relative to client #3's 10A NCAC 27G .0303 LOCATION AND behaviors to include but not limited to property EXTERIOR REQUIREMENTS damage or attempts of the same. (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly The maintenance technician will repair holes in manner and shall be kept free from offensive 7/22/2024 walls, holes in doors, footboard repair, replace odor. any broken window blinds, replace ceiling lights. In addition, the maintenance technician This Rule is not met as evidenced by: will inspect the entire facility to ensure that any Based on observation and interviews, the facility other repair needs are addressed. was not maintained in a safe, clean, attractive, and orderly manner. The findings are: The preventive maintenance plan will be implemented and tracked by the Residential OP Observation on 5/23/24 at approximately 8:40 am and the Quality Management Director. Work of the facility revealed: orders and a preventive maintenance schedule, and monitoring tool will be implemented. -Living Room - There was a hole about 8 inches long and 4 inches wide on the wall leading to the The Director of Quality Management and the kitchen. 7/22/2024 Residential QP will monitor in the facility weekly to ensure continued compliance. -Hallway to Bedrooms - Ceiling light was not working. Client #3's behavior support plan will be reviewed and updated to address property -Client #3's Bedroom - Door to the room was destruction and supervision. The MCO will be broken/cracked in many places. contacted to request a higher level of care for - Window blinds were missing sections.

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

Footboard from bed was broken

STATE FORM

TITLE

Client #3. The Quality Management Director

(X6) DATE

will facilitate these corrective actions.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

MHL053-083

STREET ADDRESS, CITY, STATE, ZIP CODE

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| CAMERON DRIVE FAMILY CARE FACILITY 2608 CAMERON DRIVE SANFORD, NC 27332 | | | | |
|--|--|---------------------|---|------------------------|
| (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) COMPLE DATE |
| V 736 | Continued From page 1 | V 736 | | |
| | -Medicine closet - Thee was a hole punched in on the door about the size of a fist. | | | |
| | -Bathroom - Blinds in window were missing 3 sections | | | |
| | Interview on 5/23/24 with the Director of Quality Management revealed: -He was not aware of the holes on the wallsClient #3 had a history of property destructionClient #3 would be receiving a new Psychological evaluationFacility would be requesting for a 1:1 and perhaps a higher level of care for Client #3. | | | |
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