

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-976</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDWARDS GROUP HOME V</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5740 LONGVIEW DRIVE FAYETTEVILLE, NC 28306</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on August 14, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 289	<p><b>27G .5601 Supervised Living - Scope</b></p> <p><b>10A NCAC 27G .5601 SCOPE</b></p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which</p>	V 289		

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

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V 289	<p>Continued From page 1</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>facility failed to operate within the scope of licensure and served as the private residence of 1 of 1 direct care staff (Staff #1). The findings are:</p> <p>Review on 8/13/24 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date of 1/10/22</li> <li>- Title Residential Specialist</li> </ul> <p>Review on 8/13/24 of the facility's client and staff census completed by staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Employee [staff #1] Shift "Live-In" Job Title "CareGiver"</li> </ul> <p>Interview on 8/13/24 staff #1 stated:</p> <ul style="list-style-type: none"> <li>-He was a "live in" staff.</li> <li>-The facility was his primary residence.</li> <li>- He had visitors who visited him at the facility.</li> <li>- Sometimes his visitors would sleep on the couch.</li> <li>- His girlfriend was there "most of the time" and would stay a couple of nights.</li> </ul> <p>Interview on 8/14/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- Staff #1 must have "misunderstood" and did not reside at the facility.</li> <li>- Staff #1 had another residence.</li> </ul>	V 289		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 8/13/24 at approximately 2:50pm during a tour of the facility revealed:</p> <ul style="list-style-type: none"> <li>- The refrigerator had a dark stain about 1 inch on it.</li> <li>- The microwave had food particles all over the inside walls and the door.</li> <li>- The left side of the cabinet beside the stove was chipped.</li> <li>- The ceiling fan in the living room did not work.</li> <li>- There was debris around the fireplace and the carpet in the living room had dark heavily stains in multiple areas.</li> <li>- Client #2's bedroom had clothing and shoes on the floor throughout the room and on the floor under the bed; snack bags and soda cans on the floor and dressers.</li> <li>- The hall bath had a 5 bulb light fixture with 4 bulbs not working; the receptacle was hanging off; approximately 12 inch wall paper tear; the shower had tile with dark residue in between and caulking that was discolored.</li> <li>- A vacant bedroom had carpet that was separating and torn under the entrance door.</li> <li>- The vent on the left side of the hall was covered in dark heavy dust.</li> <li>- The bathroom in the master bedroom had dark stains on the counter; a hole in the wall behind the bathroom door; the green tiled shower had dark residue between the tiles; the caulking was discolored; the wall paper was separating from the wall; the toilet seat was broken and on the floor and the trash can was full; the carpet at the entrance to the bathroom was torn; the bedroom window sills had webs and dead bugs and the closet was missing a knob on the right side.</li> <li>- The top of the deep freezer was chipping and had discolorations.</li> </ul>	V 736		

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V 736	<p>Continued From page 4</p> <p>Interview on 8/13/24 staff #1 stated a work order had been submitted the previous week for the ceiling fan in the living room.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		