

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2024
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NAME OF PROVIDER OR SUPPLIER WAY FARER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 145 WAY FARER COURT ROCKY MOUNT, NC 27801
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 9/5/24. 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 Disability.</p> <p>This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure clients' bedrooms had minimum furnishings. The findings are:</p> <p>Observation on 9/4/24 at 1:05pm of the facility revealed:</p> <ul style="list-style-type: none"> - 2 empty bedrooms without the following: 	V 774	<p>TL and RM will ordered furniture for the empty rooms 9/18/2024 to meet the standard code.</p> <p>RM and TL will make sure if a client moves out furniture will be replaced if anything is missing. Furniture will be ordered within a month.</p> <p>RM and TL will make sure this is checked once a client moves out. RM and TL will use the move out check form to make sure all furnishing is in place.</p> <p style="text-align: center;">RECEIVED SEP 30 2024 DHSR-MH Licensure Sect</p>	9/18/2024

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Mario Satterthwaite
Mario Satterthwaite / Sep 24, 2024 08:11 EDT

Team Lead

09/24/2024

Division of Health Service Regulation

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V 774	<p>Continued From page 1</p> <ul style="list-style-type: none"> - a separate bed, bedding, pillow, bedside table and storage for personal belongings <p>During interview on 9/4/24 & 9/5/24 the Facility's Director reported</p> <ul style="list-style-type: none"> - one client moved out a week ago and the other client 5 months ago - the furniture belonged to the clients - on 7/5/24, the Facility Director said furniture was ordered today (7/5/24) for both bedrooms 	V 774		



September 23rd, 2024

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual & Follow up Survey completed September 5, 2024
Way Farer Court, 145 Way Farer Court, Rocky Mount, NC 27801
MHL #033-058

Hello,

Enclosed, please find the completed Plan of Correction for deficiencies cited during the survey above.

Please let me know if you have any questions. Thank you.

Sincerely,

Jennifer Smith, QP/BA

Jennifer Smith

Compliance Specialist

Jennifer.Smith@monarchnc.org

(704) 322-5058

