

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-445	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		RECEIVED MAY 15 2025 R-C 04/10/2025
NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE STREET COMMUNITY LIVING I		STREET ADDRESS, CITY, STATE, ZIP CODE 111 NORTH MAPLE STREET DURHAM, NC 27703			
(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	INITIAL COMMENTS A complaint and follow up survey was completed on April 10, 2025. The complaint was substantiated (intake #NC00229078). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000	Fayetteville Street Community Living Home (FSC LH) has been an excellent facility providing care to residents with intellectual disabilities for over thirteen (13) years. FSC LH reputation have always been strongly supported by Alliance, CARF and other providers such as Community Programs. FSC LH accurately support their staff members upon hire with training to be some successful staff members. Their training are conducted annually and as needed. It is with sadness and disappointment that the incident occurred that		5/10/25
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against	V 132			

Division of Health Service Regulation

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

TITLE

(X6) DATE

Robin Williams, BS, QP 5/10/2025

STATE FORM

PK3011

If continuation sheet 1 of 15

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V 132	<p>Continued From page 1</p> <p>a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an allegation of abuse was reported to Health Care Personnel Registry (HCPR) within five working days. The findings are:</p> <p>Review on 4/7/25 of a personnel record for Staff #1 revealed: -Date of hire was 4/26/24. -She was hired as a Paraprofessional.</p> <p>Review on 4/7/25 of an in-house incident report dated 4/26/25 revealed: "[FC #1] became increasingly agitated, and charged toward [Staff #1]. When [FC #1] charged towards [Staff #1] he was able to hit her in the face so hard that it caused her nose ring to fly off her face. As [Staff #1] attempted to move out of [FC #1's] path, he quickly grabbed her again in the kitchen area and again attempted to strike her in the face. [Staff #1] attempted to calm [FC #1] down by redirecting him to stop and to calm down asking him questions such as "what's going on, this is not like you" but he preceded towards her and wouldn't stop, stating "I'm going to Kill you, I'm going to kill you". [FC #1] then attempted to bite [Staff #1] on the neck multiple of times. [Staff #1] kept moving away from [FC #1] encouraging him to stop and to calm down. Due to the inability</p>	V 132	<p><i>Could have caused a staff member her life as well as interrupting the care of the resident involved in the situation. FSCRH has reviewed the reason of not utilizing the Healthcare registry. FSCRH is aware of the protocol and will make sure that all protocols are followed according to our policy and procedures as well as the standards of the State of NC.</i></p> <p><i>FSCRH is fully aware of the purpose of the need to use the Healthcare Personnel Registry (HCPR) but thought that due to the staff member</i></p>	5/10/25	

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V 132	Continued From page 2 to safely disengage [FC #1], and by the staff attempting to cook the frying pan hit [FC #1] in the face. (a small frying pan intended for meal prep)." Review on 4/7/25 of the North Carolina (NC) Incident Response Improvement System (IRIS) dated 3/26/25 revealed: -There was a level III incident report submitted 3/27/25 for an incident with FC #1 exhibiting aggressive behaviors towards staff #1. -The report did not identify for the HCPR to be notified for the allegations of abuse by Staff #1 towards FC #1. -There was no evidence that Staff #1's name had been reported to HCPR for abuse. Interview on 4/8/25 with the Qualified Professional revealed: -She was responsible for reporting incidents to HCPR. -She was informed that HCPR did not have to be notified because FC #1 was no longer at the facility and was discharged on 3/27/25. -She confirmed the agency failed to report the allegation of abuse to HCPR.	V 132	<i>Defending the safety of her life and that the resident was no longer a threat at the facility that it was not needed. QP did complete an internal investigation and provided the information to all areas such as per FSLC notification the following authorities were notified the Case Manager, SP's guardian, Dr. Chandler (Psychologist), Adult Protection Services, and the Police Department. FSLC now understands that regardless the HCPR should have also been notified immediately to do their own investigation</i>	5/14/25
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through	V 512		

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V 512	<p>Continued From page 3</p> <p>established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, one of three staff (#1) abused one of one former clients (FC #1). The findings are:</p> <p>Review on 4/7/25 of FC #1's record revealed: -Admission date of 2/15/21. -Diagnoses of Intellectual Developmental Disability (IDD); Schizophrenia; Autism Spectrum Disorder; Hypothyroidism.</p> <p>Review on 4/7/25 of Staff #1's personnel record revealed: -Date of hire was 4/26/24.</p> <p>Review on 4/7/25 of an Incident Response Improvement System (IRIS) incident report dated 3/27/25 revealed: "At approximately 3:00 PM, [FC #1] returned home (facility) from his day program. Upon entering the residence, he placed his lunchbox in its designated area and greeted staff and peers in</p>	V 512	<p><i>to substantiate or unsubstantiated the matter. FSCLH will ensure that their error doesn't occur again. FSCLH has included a training to ensure compliance. FSCLH will continue to make sure that at no time will the residents of the home be violated by their Client Right Abuse, Abuse or Neglect. FSCLH will make sure that the clients are protected at all times. FSCLH will maintain thorough accurate training of all staff members. FSCLH will follow up with all medical reports and any/all changes</i></p>	5/14/25

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V 512	Continued From page 4 his usual manner. Staff began the process of transitioning [FC #1] for his afternoon routine, which included shower preparation and medication administration. Staff verbally prompted [FC #1] to begin gathering his hygiene supplies and informed him that medication administration would follow shortly. Shortly after being prompted to prepare for his shower, [FC #1] went to his bedroom. Staff observed [FC #1] pacing back and forth and overheard him making verbal threats stating intentions to harm his mother, grandmother, sister, and others by stating he wanted to kill them by first 'stabbing and slicing them in the knees.' Staff immediately contacted Staff supervisor (administrator/management) to report the concerning behavior and notified her of the plan to administer a PRN (as needed) medication as part of crisis de-escalation. [FC #1] was then redirected to the living room to watch cartoons while staff briefly stepped into the restroom. Upon returning, staff observed [FC #1] engaging in conversation with his roommate. [FC #1] was heard stating again his intentions of 'I'm going to kill her,' directed toward staff. Staff calmly attempted to redirect [FC #1] to return to the living room area (In effort to have him watch his favorite TV program and to get his mind off of negative thoughts. [FC #1] refused, became increasingly agitated, and charged toward staff. When he charged towards her he was able to hit her in the face so hard that it caused her nose ring to fly off her face. As staff attempted to move out of [FC #1's] path, he quickly grabbed her again in the kitchen area and again attempted to strike her in the face. Staff attempted to calm him down by redirecting him to stop and to calm down asking him questions such as 'what's going on, this is not like you' but he preceded towards her and wouldn't stop, stating 'I'm going to Kill you, I'm	V 512	<i>As it relates to behaviors, FSCCH will continue to use the safety training of EBP1 and the protocols that comes with that defense. However, only the degree of force permitted in the safety training will be utilized. At no time will force be use upon a client that will involve any form of aggression, hatred, or bitterness. FSCCH staff members have been informed to immediately call for assistance per any negative behaviors and to always follow the behavior plans for the resident.</i>	5/10/25	

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V 512	<p>Continued From page 5</p> <p>going to kill you.' [FC #1] then attempted to bite staff on the neck multiple of times. Staff kept moving away from him encouraging him to stop and to calm down. Due to the inability to safely disengage [FC #1], and by the staff attempting to cook the frying pan hit him in the face. (a small frying pan intended for meal prep). It did not stop him and he continue to charge after her still stating his intentions of causing her harm stating 'I'm going to kill you, my mama, grandma and sister.' A male client [Client #1] intervenes and pushed him into his room away from the staff. He stayed in his room still pacing and stating verbiage that was not recognizable. He did not come back out of his room but could be heard stating 'I'm going to kill you' over and over again. Following the incident, [FC #1] was examined by the nurse onsite, he was treated for the injuries he sustained and transported to [a local hospital] for medical and psychiatric evaluation. Upon arrival, [FC #1] stated to the hospital staff that he wanted to harm himself, his family, and facility staff, he repeated it with each hospital staff member that came into the room to speak with him of his plan. The attending physician was made aware of the audio recording capturing [FC #1's] threatening statements. The physician expressed clinical concern, noting that the repetitive content in the recording indicated ongoing homicidal ideation that could result in future harm to others. Based on the evaluation, [FC #1] was admitted to the psychiatric unit for further observation and stabilization."</p> <p>Review on 4/7/25 of the local hospital Emergency Department After Visit Summary dated 3/26/25 revealed: -"Reason for visit - facial swelling." -"Diagnosis - closed fracture of nasal bone, initial encounter."</p>	V 512	<p><i>FSCLTB will continue with the strong training of staff, annually or as needed per individual and the need identified. FSCLTB will continue with the following staff training to ensure safety means are in place at all times including the hiring of additional staff members.</i></p> <ol style="list-style-type: none"> <i>1. Successful De-escalation</i> <i>2. Understanding forms of abuse</i> <i>3. When to call 911</i> <i>4. Client's Rights</i> <i>5. What is safe and what is not</i> 	6/10/25	



Fayetteville Street Community Living Home

Fayetteville Street Community Living Home (FSCLH) has been an excellent facility providing care to residents with intellectual disabilities for over thirteen (13) years. FSCLH reputation have always been strongly supported by Alliance, CARF and other providers such as community programs. FSCLH accurately support their staff members upon hire with training to be some successful staff members. These training are conducted annually and as needed. It is with sadness and disappointment that this incident occurred that could have caused a staff member her life as well as interrupting the care of the resident involved in the situation. FSCLH has reviewed the error of not utilizing the Healthcare registry: FSCLH is aware of the protocol and will make sure that all protocols are follow according to our policy and procedure as well as the standards of the State of NC.

FSCLH is fully aware of the purpose of the need to use the Health Care Personnel Registry (HCPR) but thought that due to the staff member defending the safety of her life and that the resident was no longer a threat at the facility that it was not needed. QP did complete an internal investigation and provided the information to all areas such as Per FSCLH notification the following authorities were notified the care manager, JP's guardian, Dr. Chandler (psychologist), Adult Protection Services, and the police department. FSCLH now understands that regardless the HCPR should have also been notified immediately to do their own investigation to substantiate or unsubstantiated the matter. FSCLH will ensure that this error doesn't occur again. FSCLH has included a training to ensure compliance.

FSCLH will continue to make sure that at no time will the residents of the home be violated by their Client Rights-Harm, Abuse or Neglect. FSCLH will make sure that the clients are protected at all times. FSCLH will maintain thorough accurate training of all staff members. FSCLH will follow up with all medical reports and any/all changes as it relates to behaviors. FSCLH will continue to use the safety training of EBPI and the protocols that comes with that defense. However, only the degree of force permitted in the safety training will be utilize.

At no time will force be use upon a client that will involve any form of aggression, hatred, or bitterness.

FSCLH staff members has been informed to immediately call for assistance per any negative behaviors and to always follow the behavior plans for the resident. FSCLH will continue with the strong training of staff, annually or as needed per individual and the need identified. FSCLH will continue with the following staff training to ensure safety measures are in place at all times including the hiring of additional staff members.

1. Successful De-escalation
2. Understanding forms of abuse
3. When to call 911
4. Client Rights
5. What is safe and what is not