

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/14/2026
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NAME OF PROVIDER OR SUPPLIER FAVOUR HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 3825 CASHEW DRIVE RALEIGH, NC 27616
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 1/14/26. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	V 107	<i>V107: The administrator of FH 2 is responsible for the hiring and employment of staff at all levels for FH2 and as well as documenting updates of personnel files with the required trainings and certifications required by law. The administrator continues to follow and adhere to the personnel requirement in this rule during the process of staff hiring</i>	

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

[Signature] TITLE Administrator (X6) DATE 2/13/26

RECEIVED

FEB 13 2026

DHSR-MH Licensure Sect

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete personnel records for 2 of 3 audited staff (#1, Qualified Professional/Registered Nurse (QP/RN). The findings are:</p> <p>Review on 1/14/26 of Staff #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 10/22/21 - Job Title: Habilitation Technician - No signed job description <p>Review on 1/14/26 of the QP/RN's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 9/7/21 - No documentation of education 	V 107	<p>V107: of staff employment in order to be in compliance to this rule. The following updates have been made to correct the deficiencies cited during the follow-up survey on 1/14/26.</p> <p>Staff I: Personnel file updated with duly signed job description as Hab Tech I 10/22/2021 hiring date.</p> <p>QP: QP/RN file updated with the documentation of her BSN education degree from UNC chapel Hill, 2015.</p> <p>QP/RN hire date</p>	
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V 107	<p>Continued From page 2</p> <p>Interview on 1/16/26 the Licensee/Administrator reported that the QP/RN was unable to be interviewed due to being on personal leave.</p> <p>Interview on 1/16/26 the Licensee/Administrator reported:</p> <ul style="list-style-type: none"> - She was responsible to ensure the staff personnel records were kept up to date - She "purged" the personnel records and took out old training documentation every 2-3 years - She had the signed job description for Staff #1, "but is in the old files" at a different location - Was not sure why a copy of the QP/RN's education documentation was not in her record - She would not be able to get the documentation prior to the survey exit - She would make sure the documentation was in the personnel files for the next survey 	V 107	<p>V107 Corrected to 6/5/23 not 9/7/21 as in the survey form The correct date of follow-up review is 1/14/26 not 1/16/26 The administrator will update personnel files annually or as needed.</p>	
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V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff</p>	V 108	<p>V108: The administrator QP provide continuing education trainings to para-professionals as per FH2 policy and procedures. The administrator upon hire of any staff at FH2, do a</p>	
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V 108	<p>Continued From page 3</p> <p>member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 audited staff (Staff #1, Qualified Professional/Registered Nurse (QP/RN)) had required training to meet the needs of the clients. The findings are:</p> <p>Review on 1/14/26 of Staff #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 10/22/21 - Job Title: Habilitation Technician - No documentation of: <ul style="list-style-type: none"> - Infectious Diseases and Bloodborne Pathogens - Client Rights and Confidentiality <p>Review on 1/14/26 of the QP/RN's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 9/7/21 - No documentation of training to meet the mh/dd/sa needs 	V 108	<p>V108 a general organizational orientation to align staff with the operation and acceptable behaviors expected of staff in relation to client staff relationships. Administrator educate staff on the importance of information handling regarding clients and their family members and to seek permission needed before transmission of any healthcare clients information. The privacy of clients are very crucial in the delivery of healthcare services.</p>	
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V 108	<p>Continued From page 4</p> <p>Interview on 1/16/26 the Licensee/Administrator reported that the QP/RN was unable to be interviewed due to being on personal leave.</p> <p>Review on 1/14/26 of text messages from the Staff Trainer to the Division of Health Service Regulation Surveyor (DHSR) revealed:</p> <ul style="list-style-type: none"> - The Staff Trainer would not be able to provide documentation prior to the exit of the survey, "if y'all are waiting around for me to send something, I don't want you to wait too long. Just do what you have to do (exit)...I'm sorry about that" <p>Interview on 1/16/26 the Owner/Administrator reported:</p> <ul style="list-style-type: none"> - She did not have a copy of the above trainings for Staff #1 and the QP/RN at the facility - She "purged" the personnel records and took out old training documentation every 2-3 years - The training documentation was kept in "old" files in storage - If the Staff Trainer could not get the training documentation, then "we would have to move on (exit) without it" - She would not be able to get the documentation prior to the survey exit - She would make sure the documentation was in the personnel files for the next survey 	V 108	<p>V108 The following trainings have been completed by staff and the administrator in compliance to this rule Administrator/Staff 1) Trainings/Staff 2) Client Rights - 11/10/25 3) Abuse and Neglect 11/10/25 4) Confidentiality 11/20/25 5) Infection Control - 1/31/26 6) Bloodborne Pathogens 2/1/26 Files updated as well by Administrator</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation</p>	V 114	<p>V114 - Ft2 facility has a well developed fire plan and a disaster plan file</p>	

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V 114	<p>Continued From page 5</p> <p>procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that disaster drills were completed at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 1/14/26 of the facility's disaster drills from January 2025 to January 2026 revealed:</p> <ul style="list-style-type: none"> - 3/6/25: "Meeting place: At the Kitchen table...staff and clients listen to weather forecasts...staff and clients get awareness of natural disasters and safety measures associated..." - 4/28/25: "Disaster drills discussed today at the kitchen table...The natural disasters occurring at this season were discussed..." - 6/23/25: "Meeting place: The kitchen table and after breakfast" - 8/26/25: "Meeting place: Kitchen area after dinner...staff and consumers discussed weather conditions as forecasts...safety was the center of all discussions." - 9/18/25: "Meeting place: Dining area in the kitchen...discussion of weather conditions...consumers (clients) advised to ...stay away from hot environments" 	V 114	<p>V114 in the facility. The facility also has a well supplied materials First Aid kit accessible for use at anytime. The plans included evacuation procedures and routes of exit marked with Red exit signs for clients to follow in times of fire or natural disasters like tornadoes. This plan of evacuation are posted on the wall in the facility. The conducts of fire drills and disaster drills monthly is to be done practically and documented as such in compliance to this rule.</p>	
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V 114	<p>Continued From page 6</p> <ul style="list-style-type: none"> - 12/6/25: "Meeting place: Dining room table in the kitchen...staff and consumers (clients) discussed the weather...clients explored various safety guides when inclement weather occur" - No documentation that simulation of disaster drills were conducted - All disaster drill documentation was completed by the Owner/Administrator <p>Interview on 1/14/26 Client #1 reported:</p> <ul style="list-style-type: none"> - Did not remember how long she lived at the facility - She "used to" do tornado drills at the facility - She could not remember the last time a tornado drill was completed <p>Interview on 1/14/26 Client #2 reported:</p> <ul style="list-style-type: none"> - Lived at the facility for 25 years - He had never done a disaster drill - He did not know what to do if there was a disaster <p>Interview on 1/14/26 Client #4 reported:</p> <ul style="list-style-type: none"> - Lived at the facility about 4 years - They discussed tornados at the kitchen table - Would get away from windows if there was a tornado <p>Interview on 1/14/26 Client #5 reported:</p> <ul style="list-style-type: none"> - Had lived at the facility for about 9 years - Did not know where she would go if there were a tornado - The Owner/Administrator would "sometimes" tell clients what to do in a tornado when clients were sitting at the kitchen table <p>Interview on 1/14/26 the Licensee/Administrator reported:</p> <ul style="list-style-type: none"> - She was responsible for ensuring that disaster drills were completed and documented 	V 114	<p>V114 The clients have been re-educated on coming out of the rooms when they hear the smoke alarm and exit to the designated area behind the storage. Those who were unaware what to do or where to go in times of natural disasters like tornados; to run to the bathroom where there are no windows and to stay safe. A copy of FH2 disaster plan are with Wake County Emergency management, and available to all staff. FH2 had fire inspection with the</p>	
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V 114	Continued From page 7 - She and Staff #1 were the only staff who worked at the facility and the shifts varied for when they worked - The clients were "elderly" and she only practiced disaster drills "sometimes" - She and clients "discuss and not really practice" disaster drills - She did not always document if the disaster drill was practiced but would moving forward	V 114	V114 Raleigh Fire Department on 10/02/25 in compliance.	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118	V118 F#2 staff will continue to follow the medication requirements in the delivery of healthcare services. The administration ensure medications are given with doctors' orders and documented properly in the MAR. QP monitor meds administration as well as	

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V 118	<p>Continued From page 8</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were administered by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified persons for 2 of 3 audited staff (Staff #1, Owner/Administrator). The findings are:</p> <p>Review on 1/14/26 of Staff #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 10/22/21 - Job Title: Habilitation Technician - No documentation of medication administration training <p>Review on 1/14/26 of the Owner/Administrator's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 6/9/08 - No documentation of medication administration training <p>Review on 1/14/26 of Client #1, Client #4 and Client #5's MARs from November 2025- January 14, 2026 revealed:</p> <ul style="list-style-type: none"> - The Licensee/Administrator and Staff #1 had signed that all of the clients' medications were administered <p>Interview on 1/14/26 Client #1 reported:</p> <ul style="list-style-type: none"> - The Licensee/Administrator or Staff #1 administered her medications during their shift 	V 118	<p><i>V118</i></p> <p><i>Labels for expirations of medications</i></p> <p><i>No medication is given without the doctors orders, even and including OTC medications. Staff should match each medication with the MAR to ensure no mistake in giving to wrong client.</i></p> <p><i>The administrator and staff I completed their 15-hour medication administration training on 1/30/2026 to be in compliance with this rule. Staff should be aware of medication</i></p>	
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V 118	<p>Continued From page 9</p> <p>Interview on 1/14/26 Client #4 reported: - - The Licensee/Administrator or Staff #1 administered her medications during their shift</p> <p>Interview on 1/14/26 Client #5 reported: - - The Licensee/Administrator or Staff #1 administered her medications during their shift</p> <p>Interview on 1/16/26 the Licensee/Administrator reported: - She was responsible for ensuring training was up to date - She was the full time staff and Staff #1 was "relief" staff - She and Staff #1 administered the medications to the clients when they were on shift - She and Staff #1 had completed medication administration training annually - She and Staff #1 had their annual medication administration training scheduled for this upcoming Saturday (1/17/26) - She "purged" the personnel records and took out old training documentation every 2-3 years - She did not have copies of old medication administration trainings at the facility - The old documentation was in storage at a different location - She would not be able to get the documentation prior to the survey exit - She would make sure the documentation was in the personnel files for the next survey</p>	V 118	<p>V118 changes in the MAR and inform the client involved and discuss reasons for the changes. The administrator has updated the personnel files with the training update and monitor always the administration of meds to clients daily.</p>	
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to</p>	V 290	<p>V290 FH2 staff follow the policy and procedures of FH2</p>	

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V 290	<p>Continued From page 10</p> <p>enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an</p>	V 290	<p>V290 in terms of staff- Client ratios: There is always one staff member present at the facility at all times. Because of supervision and logistics of other Client needs, it becomes imperative to review and re- assess clients #1, #2, #3 unsuper- vised activities in the community or the use of public bus transportation. The administrator/gp discussed this issue with the clients and informed them</p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/14/2026
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NAME OF PROVIDER OR SUPPLIER FAVOUR HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 3825 CASHEW DRIVE RALEIGH, NC 27616
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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 290	<p>Continued From page 11 as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 5 clients (#1, #2, #3) were assessed and deemed capable of being in the community without staff supervision. The findings are:</p> <p>Review on 1/14/26 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/28/14 - Diagnoses: Schizoaffective Psychosis; Bipolar Affective Disorder; Depression; Seizure Disorder; Posttraumatic Stress Disorder (PTSD); Hypothyroidism; Mood changes; Osteoporosis - An unsupervised time assessment with no date and no signatures with Client #1's name: <ul style="list-style-type: none"> - "Recommendation for level of supervision needed when in the community: 4" - "4: Moves about the neighborhood or community with continual staff supervision requiring staff to be within audible, visual and physical proximity of the individual" <p>Interview on 1/14/26 Client #1 reported:</p> <ul style="list-style-type: none"> - She used to attend a day program and stopped attending about a month ago - A public transportation bus would pick her up at the facility and bring her back to the facility at the end of the day - There were no staff on the bus with her to and from the day program <p>Review on 1/14/26 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 3/12/14 - Diagnoses: Paranoid Schizophrenia; PTSD; 	V 290	<p>V290 Primary doctors for an order for unsupervised exiting time to enable these clients attend their day program Monday-Fridays and to do their walk exercises in the neighborhood for physical healthy growth. The Primary doctor for Client #2 has approved 3-4 hours of unsupervised exiting time to enable him ride the public bus transportation. Client #3 also is going to get</p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/14/2026
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NAME OF PROVIDER OR SUPPLIER FAVOUR HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 3825 CASHEW DRIVE RALEIGH, NC 27616
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V 290	<p>Continued From page 12</p> <p>Depression; Bipolar Disorder; Anxiety</p> <ul style="list-style-type: none"> - Treatment plan dated 1/31/25: "...He (Client #2) is not approved for unsupervised time in the home or community" <p>Interview on 1/14/26 Client #2 reported:</p> <ul style="list-style-type: none"> - A public transportation van transports him to and from the facility and day program - There are no staff on the van during the transport <p>Review on 1/14/26 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 12/2/14 - Diagnoses: Schizophrenia, Multiple Sclerosis, History of Type II Diabetes; Seizures - "ACT (Assertive Community Treatment) staff will work closely with [Client #3]'s family to develop a plan to teach [Client #3] how to travel for visits independently using the bus system to promote independence..." - No documentation of an unsupervised time assessment that Client #3 is approved for unsupervised time in the community <p>Interview on 1/14/26 with Client #3 was unsuccessful due to Client #3 not wanting to answer any questions.</p> <p>Interview on 1/14/26 Client #4 revealed:</p> <ul style="list-style-type: none"> - There is a public transportation van that comes to pick up Client #2 and Client #3 for their day program - Staff did not go on the van with them <p>Interview on 1/16/26 the Licensee/Administrator reported that the QP/RN was unable to be interviewed due to being on personal leave</p> <p>Interview on 1/14/26 the Licensee/Administrator reported:</p>	V 290	<p>V290 some unsupervised outing time from his doctor this week or next when the doctor is back to his office. The other clients have presently no place to go at this time but have in home exercises and therapy for the time being. The administrator will continue to monitor progress of this development and document</p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-820	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/14/2026
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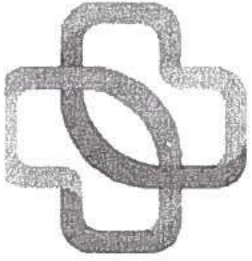
NAME OF PROVIDER OR SUPPLIER FAVOUR HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 3825 CASHEW DRIVE RALEIGH, NC 27616
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	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 290	<p>Continued From page 13</p> <ul style="list-style-type: none"> - She and the QP/RN are responsible for completing unsupervised time assessments - She "did not know that clients being on public transportation was unsupervised time" - The primary care doctor had told her the clients can get on public transportation so she thought it was okay for the clients to use the public transportation - It was a verbal discussion she had with the doctor and was not documented - She would get with the QP/RN to complete the unsupervised time assessments <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290	<p><i>V290 and add to their treatment plan as update</i></p>	
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* 02883701w1905 Admin



MEDFIRST

Primary & Urgent Care

Return to Work / School

Patient: [REDACTED]
DOB: [REDACTED]
Address: [REDACTED]
Raleigh, NC 27616

Date: 01/30/2026
Patient ID: [REDACTED]

Note to Patient:

Please allow [REDACTED] to have 3-4 hours of unsupervised outings.

[REDACTED]

CERTIFICATE OF COMPLETION

Medication Administration: 15-Hour Training Course for Adult Care Homes

This is to certify that

_____ent

*has successfully completed the above North Carolina
State-approved Medication Administration Training Program
at*

Raleigh / Wake for FAVOR HOME - Training Location
Name of Training Location (school, facility, etc.)

on the 30 day of JANUARY, 2026

Certified by:

Raleigh/Wake Training
Employed by

01-30-2026
Date

CERTIFICATE OF COMPLETION

Medication Administration: 15-Hour Training Course for Adult Care Homes

This is to certify that

_____  _____

*has successfully completed the above North Carolina
State-approved Medication Administration Training Program
at*

_____ **Raleigh / Wake for FAVOR HOME - Training Location** _____
Name of Training Location (school, facility, etc.)

on the 30 *day of* JANUARY, *20* 26 *.*

Certified by:

_____  _____

_____ **Raleigh/Wake Training** _____
Employed by

_____  _____
(Initials)

_____ **01-30-2026** _____
Date

JOURNEY'S CPR TRAINING CENTER

Certify to all that



has fulfilled requirements of

Bloodborne Pathogens

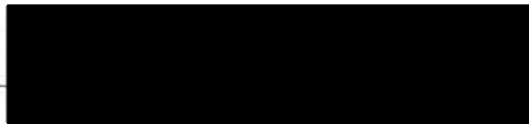
Training

and is hereby admitted the rights and privileges belonging to that training and achievement given under the Training board

Hours: 3

- 5600a MI & 5600c Family Care

Katherine Howard, RN



02-01-2026

JOURNEY'S CPR TRAINING CENTER

Certify to all that



has fulfilled requirements of

Bloodborne Pathogens

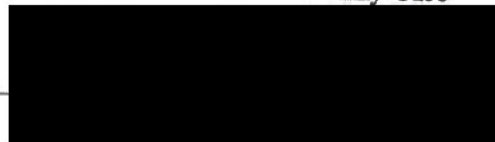
Training

and is hereby admitted the rights and privileges belonging to that training and achievement given under the Training board rules.

Hours: 3

- 5600a MI & 5600c Family Care

Katherine Howard, RN



02-01-2026

CROCKER, Barbara A (id #1003197, dob: 12/19/1947)

CROCKER, BARBARA 12/19/47 #1003197
12/15/2025 - 11:30AM - MedFirst_Raleigh Six Forks



* 52883727w1905 Admin



MEDFIRST

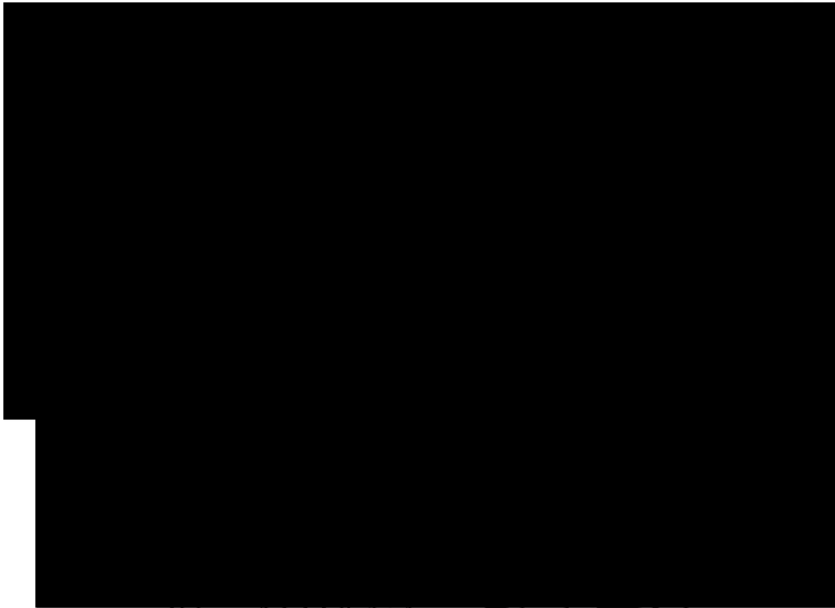
Primary & Urgent Care

Return to Work / School

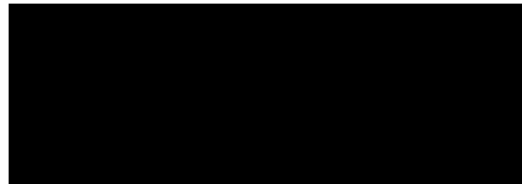
Patient: [REDACTED]
DOB: 12/19/1947
Address: [REDACTED]
Raleigh, NC 27616

Date: 01/30/2026
Patient ID: [REDACTED]

Please allow Barbara Crocker to have 3-4 hours for unsupervised outings.



Handwritten signature: A Crocker 1/30/26



FAVOUR HOMES, INC.

Habilitation Technician I Job Description

Each employee/contract agent will receive a description of his/her position that includes duties and responsibilities and the minimum requirements for the position.

REPORTS TO: Qualified Professional

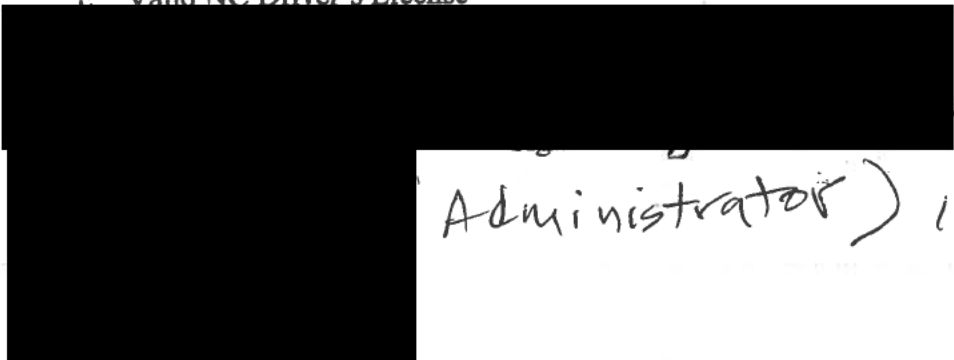
NATURE OF WORK: Paraprofessional level position responsible for providing residential/In-home Services to consumers of varying ages, diagnoses and needs.

DUTIES AND RESPONSIBILITIES

1. Implement Service Plans.
2. Administer medications ordered by physician(s) in accordance with applicable statutes, regulations, policies and procedures.
3. Maintains medication administration records.
4. Conducts medication administration inventories.
5. Assists consumers with personal care and activities of daily living (ADLs) to include bathing, dressing, feeding, toileting, etc.
6. Assist consumer with participation in recreation/leisure activities.
7. Completes necessary paperwork.
8. Assist with or perform meal preparation, grocery shopping, etc.
9. Assist consumer with other personal care tasks as assigned or in accordance with consumer's needs.
10. Other duties as assigned.

EDUCATION, TRAINING AND EXPERIENCE:

- a. High School Diploma or GED equivalent
- b. Certification in CPR, Standard First Aid; NIC (if applicable)
- c. Valid NC Driver's License



10/22/2021

Administrator) 10/22/2021

Adm

- FH2

Pls find enclosed these documents

1) Medication Administration Certificate -

2) ✓ ✓ ✓

3) Bloodborne Pathogens Training -

4) ✓ ✓ ✓

5) Unsupervised outing order -

6) Unsupervised outing -

All other updates presented on request

FH2 Administrator