

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2026
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NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE STREET COMMUNITY LIVING HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 855 MORGAN ROAD EDEN, NC 27288
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 10, 2026. Deficiencies were 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 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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 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 fire and disaster drills were held quarterly and repeated for each shift. The findings are:</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>Review on 3/10/26 of the facility's fire and disaster log revealed: -1st quarter (January 2026, February 2026 and March 2025) had no documentation of 2nd shift fire drill and no 1st and 2nd shift disaster drill. -2nd quarter (April 2025 through June 2025) had no 3rd shift fire drill and no 3rd shift disaster drill. -3rd quarter (July 2025 through September 2025) had no 2nd shift fire drill and no 1st and 2nd shift disaster drill. -4th quarter (October 2025 through December 2025) had no 3rd shift fire drill.</p> <p>Interview on 3/9/26 with Client #1 revealed: -Fire and disaster drills were being held at the facility.</p> <p>Interview on 3/9/26 with Client #2 revealed: -Client #2 repeated questions about fire and disaster drills due to his diagnosis.</p> <p>Interview on 3/10/26 with the Administrator/Director/QP #1 revealed: -She understood she was to do fire drills and 1 disaster drill each month. -"Everybody says something different ..." -She will correct her fire and disaster drill sheets to make the drills were accurately documented for each shift and for each quarter.</p>	V 114		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE (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</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>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 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</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(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 observation, record review and interview, the facility failed to operate under the scope for which it is licensed, affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Observation on 3/9/26 at 4:39 p.m. of Client #1 inside the facility revealed: -He repeatedly picked up his walker to his shoulder level to walk. -The Administrator/Director/Qualified Professional #1 (A/D/QP #1) verbally prompted Client #1 to put his walker on the floor when walking.</p> <p>Review on 3/9/26 of the facility's North Carolina Division of Health Service Regulation Facility License revealed: -The facility was licensed for 3 ambulatory clients.</p> <p>Review on 3/10/26 of Client #1 record revealed: -Admission date of 8/3/20.</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>-Diagnosis of Major Neurocognitive disorder, Traumatic Brain Injury, Seizure disorder, Arthritis, and Equinus Deformity of Left Foot.</p> <p>-12/1/25 treatment plan had: -"[Client #1] has impaired mobility and as a result he needs physical assistance with walking, sitting down, transferring from one place to another." -"[Client #1] will receive help in these situations (emergency evacuations), especially with the physical aspect due to his limited mobility in evacuating."</p> <p>Interview with Client #1 revealed: - He uses his walker by himself during a fire drill to exit the facility.</p> <p>Interview with (A/D/QP #1) revealed: -"Sometimes we put him in the wheelchair and staff push him out (fire drills)." -"If there was a real fire, we're going to put him in the wheelchair and get (Client #1) out (of facility)." -She will submit a Change Application on her license for 1 non-ambulatory client being served.</p>	V 289		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit all Level II incident reports to the Local Management Entity/Managed Care</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>Organization (LME/MCO) within 72 hours as required. The findings are:</p> <p>Review on 3/9/26 of the facility's Level II incident reports revealed: -No documentation of a Level II incident report for the allegation of Client #3's sexualized behavior on 10/17/25.</p> <p>Interview on 3/10/26 with the Qualified Professional (QP #2) revealed: -She and Administrator/Director/QP #1 (A/D/QP #1) were responsible for submitting Level II incident reports into North Carolina Incident Response Improvement System (IRIS). -She had submitted the 10/17/25 Level II incident report for Client #3 into IRIS on 10/27/25. -She later acknowledged she had not successfully submitted the Level II incident report for Client #3 into IRIS.</p> <p>Interview on 3/10/26 with A/D/QP #1 revealed: -She did not know whether the Level II incident report for Client #3 had been successfully submitted into IRIS.</p>	V 367		