PRINTED: 03/29/2018 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL092-728	B. WING	 	03/	29/2018
'			DDRESS, CITY, STAT	E, ZIP CODE	·	
PINE FOR	FST II	3833 BU	FFALOE ROAD			
		RALEIG	H, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 000	00 INITIAL COMMENTS		V 000			
	An annual survey was 2018. Deficiencies we	s completed March 29, ere cited.				
	This facility is licensed for the following service category: 10A NCAC. 1700 Residential Living for Adolescents and Children.					
V 114	V 114 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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 fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.		V 114			
	failed to ensure fire an conducted quarterly of are: During an interview of Professional reported shifts to manage the g	ew and interview, the facility and disaster drills were in each shift. The findings in 3/28/18, the Qualified the facility operated three group home:				
	4:00pm	m to 3:00pm; and 8:00am - om-11:00pm and 4:00pm -				

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL092-728		B. WING		03/29/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE		
PINE FOR	EST II		FALOE ROAD			
			I, NC 27604			
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 114	Continued From page 1		V 114			
	12:00am - 3rd shift: 11:00pm-7:00am and 12:00am - 8:00am Review on 3/29/18 of the fire and disaster drills revealed: Fire Drills: 1st Quarter 2018 no drill on 3rd shift 3rd Quarter 2017 no drill on 1st shift 4th Quarter 2017 no drill on 1st shift Disaster Drills: 1st Quarter 2018 no drill on 1st shift 2nd Quarter 2017 no drill on 3rd shift 3rd Quarter 2017 no drill on 3rd shift 3rd Quarter 2017 no drill on 1st shift 4th Quarter 2017 no drill on 1st shift 4th Quarter 2017 no drill on 1st shift Unring interviews on 3/29/18 two of three clients reported they did not remember practicing drills but they did talk about them and knew what to do in case of an actual emergency.					
	_	n 3/29/18, the Qualified she would ensure they did				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		as evidenced by: and interview, the facility a safe, clean, attractive				

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Division of Health Service Regulation

DIVISION	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		-			
MHL092-728		B. WING		03/29/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, STA	ALE, ZIP CODE	
DINE FOR	ECT II	3833 BUI	FALOE ROAD		
PINE FOR	E31 II	RALEIGH	I, NC 27604		
24.0.15	CLIMMADV CT	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION	N 0/5
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
V 736	Continued From page	2	V 736		
	and orderly manner.	The findings are:			
	Observation on 3/28/	18 between 1:15pm and			
	1:40pm revealed the	following:			
	- Kitchen				
	- window over s	sink dirty with debris and			
	cobwebs.	,			
		and interior oven and			
	dishwasher stained and soiled				
	- cupboards and drawers greasy and in				
	need of cleaning				
		n stove not working			
	 lighting very dim - only one light in 				
	overhead				
	- no fire extinguisher present				
	The line examplifies process				
	- Living Room: very dark, no visible lighting				
	Living recoins	tory dam, no violoto lighting			
	Dining Boom				
	- Dining Room				
	- walls all stained, marked and in need of				
	repainting				
	- Hallway Bathroom				
	- air vent outside bathroom caked on dirt				
	and grease - mold/mildew in corners of shower/tub				
		ear sink "weak", easy to give			
	when walked upon	, ,			
		light in a two socket fixture			
	and cover missing	g a two oconot intaio			
		inside the bathroom			
	- no vent cover	maide the Dathioum			
	D-4	1 f h - d			
	- Bathroom insid				
		ead in bathroom had no			
	running water				
	- no coveri	ing for light fixture			
		r stall doesn't work			
	- no towel bar				
	- no curtain for	shower stall			
	no curtain loi	ononor otali	1	1	

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NAME OF PROVIDER OR SUPPLIER STREET AI		STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
PINE FOR	EST II		FALOE ROAD , NC 27604		
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V 736	Continued From page 3 - Client #1's bedroom		V 736		
	- blinds cracked and broken - wall vent sitting on floor below the vent - no door knob on closet - window frame crossbars cracked and broken				
	- Client #2's bedroom - blinds cracked and broken - wall vent sitting on floor below the vent - no door knob on closet - window frame crossbars cracked and				
	broken				
	- Client #3's bedroom - blinds cracked and broken - fist size hole in door - no door knob on closet - window frame crossbars cracked and broken				
	the group home. - each area of the repair was in the processive as not sur not been working - the plumbing in giving them problems someone working on	the house before leaving home needing work or ess of being fixed how long the shower had the bathrooms had been for a while they are having it now discussed with the Director			

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