STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A. BUILDING:				
		MHL032-613	B. WING			R-C 04/17/2018	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
IOUSE	OF CARE, INC		MBALL DRIVE				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	on April 17, 2018. T substantiated (intak Deficiencies were o The facility is licens	(e #NC00136968).					
		h Developmental Disabilities.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive	,				
	failed to ensure fac in a safe, clean, att	et as evidenced by: ion and interviews, the facility ility grounds were maintained ractive, orderly manner and nsive odor. The findings are:					
	AM of the facility ba	3/18 at approximately 10:45 ack yard area revealed: le of water in the backyard					
	color. -The area surround	uddle was a dark brownish ling the puddle of water had a					
	sewage like smell. -There were severa puddle of water.	al gnats flying around the					
		t #1 on 4/13/18 revealed: wwage inside the group home					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	R-C 04/17/2018
		MHL032-613	B. WING		04/	
IAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
IOUSE	OF CARE, INC		IBALL DRIVE			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	ge 1	V 736			
	odor last year.	tarted smelling the sewage				
	smelled the sewer					
	-She never saw any group home.	raw sewage outside of the				
	Interview with client #2 on 4/13/18 revealed: -She had been smelling a strong odor inside the					
	group home. -She just recently started smelling the odor.					
		lor could possibly be sewage. any sewage inside or outside				
	-She started smellir towards the beginn -A neighbor actually	#1 on 4/13/18 revealed: ng sewage at the group home ing of January 2018. / reported it to them. dle of water in the backyard				
	area. -The puddle of wate -Someone came to	-				
	some pipes.	me to the home and put down				
	odor.	asionally smell the sewage				
	Interview with the C 4/13/18 revealed:	ualified Professional on				
	-There were issues with the group home's sewage system a few months ago.					
	-The sewage system -There was a sewar area of the group h	ge like smell in the backyard				
		bine. Ny sewage in the backyard				
		e of "mushy-like" water in the				

STATE FORM

X5WR11

If continuation sheet 2 of 4

Division	of Health Service Re	aulation			FORM API	PROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-613		(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL032-613	B. WING	R-C 04/17/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
HOUSE	OF CARE, INC		IBALL DRIVE /I, NC 27712			
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL	D BE C	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
V 736	Continued From pa	ge 2	V 736			
	-The smell in the backyard area was "horrible." -She thought this issue came to their attention towards the beginning of January 2018.					
	Interview with Neighbor #1 and Neighbor #2 on 4/16/18 revealed: -They had lived in the community for several					
	years.	ad a issue with the sewer for				
	-The property owne however he had no	r was aware of the issue, t fixed the issue. elling the sewer like odor				
	inside their homes.	ell sewage outside in their yard				
	-The sewage smell seems to be worst in the evenings. -In the evenings there are more people at the					
	group home.					
	Department on 4/16					
	group home in the a	7 they received a call about a area.				
	were complaining a -He thought he wer	bout a sewage issue. It to the group home with a				
		ge on the ground in the				
	backyard area of th -They actually saw backyard area.	feces on the ground in the				
	-They sent written r owner of the home.					
	needed to connect					
	- They did not make associated with the	any contact with any staff group home.				
Division of H	ealth Service Regulation		I			

X5WR11

Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         MHL032-613		(X2) MULTIPLE		(X3) DATE SURVEY			
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	COMPLETED	
		B. WING		R-C <b>04/17/2018</b>			
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
HOUSE	OF CARE, INC		IBALL DRIVE I, NC 27712				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 736	Continued From pa	ge 3	V 736				
	for property on 4/16 -His agency manago owner. -The owner of the h -The health departri- him in December 21 -The health departri- be hooked up to the -He just recently do paperwork related to ine. -He hoped the issuer resolved in the next Interview with the L -She did not own th -She leased that pro- lived in another stat -There was a mana- normally did mainter -She was aware of the septic system. -The issue with the attention the latter p -The management the group home. -They never saw ar the backyard area. -The management to her about connect	es the property for the home nome lives in another state. ment just recently contacted 017. ment told them they needed to e city sewer line. wonloaded the required to connecting to the city sewer e with septic system would be t 3-4 weeks. icensee on 4/17/18 revealed: at property. operty from a person who te. agement company that enance for the home. the home having issues with septic system came to her part of 2017. company had been pumping bout every two months. sewage inside and outside of ny sewage on the ground in company just recently talked cting to the city sewer line.					

X5WR11