

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/23/2018
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NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 1269 APPLETREE ROAD STANTONSBURG, NC 27883
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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 000

INITIAL COMMENTS

An annual and a follow up survey was completed on February 23, 2018. A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.

V 000

V 736

27G .0303(c) Facility and Grounds Maintenance

10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS

(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.

V 736

This Rule is not met as evidenced by:
Based on observations and interviews the licensee failed to maintain the facility in a clean, attractive and orderly manner. The findings are:

- Observations of the facility on 02/21/18 at approximately 12:30 pm and 02/23/18 at approximately 10:30 am revealed the following:
- Client #3's bathroom sink was covered with razor stubble, 2 soiled washcloths in the bathtub and a strong odor of urine.
 - The air return vent on the right side of the facility contained rust and a thick layer of dust.
 - Client #1's bathroom had water collected at the bottom of the toilet, and had dark black buildup areas at the base of the toilet and the bathtub.
 - A fly strip was hung from the ceiling with multiple dead flies in client #4's bedroom.
 - The refrigerator was missing the bottom vent cover.

The facility was thoroughly cleaned to ensure compliance with this rule. All repairs were done. The house manager will inspect the facility daily and report repair issues to the facility repairman. The repairman will ~~make~~ complete the repairs in a timely manner. The QP will monitor the repair log monthly. The house manager will inspect 3/15/18

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

Thomas McCall

TITLE

Director

(X6) DATE

3/15/18

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - The partition/partial wall between the dining room and the kitchen was missing a half-moon size piece of Plexiglas. - The front screen door had a 4 inch tear at the top. - A broken chair was placed at the dining room table. - Cigarette butts were collected on the ledge outside of the front window. <p>Interview on 02/23/18 with the Qualified Professional/Licensee revealed:</p> <ul style="list-style-type: none"> - She had a professional exterminator as well as someone who completed the yard work. - She would have staff address the issues in the facility. <p>This deficiency has been re-cited five times since the original cite of 06/04/14 and must be corrected within 30 days.</p>	V 736	<p><i>the facility daily to ensure the facility is maintained in a clean & attractive manner</i></p>	<p><i>3/19/18</i></p>