STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MUL 044 500	B. WING		04/17/0010
		MHL041-599			04/17/2018
			DDRESS, CITY, S <sup>-</sup> .EDON LANE	TATE, ZIP GODE	
JENILE	HANDS HOME	GREENS	BORO, NC 27	7455	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE
V 000	INITIAL COMMENTS		V 000		
	An Annual Survey was completed on April 17, 2018. A Deficiency was cited.				
	category:				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736		
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive			
	Based on observat	et as evidenced by: ion and interview, the facility ain the facility in a safe, clean, rly manner.			
	2:30 pm on 4-16-18 door frame where a removed. The exp needed to be clean staples and brads p removed to preven small front porch w that was limiting sp	front porch at approximately 3, revealed an exterior front a storm door had been osed wood around the frame led and or painted, as well as protruding from the wood, t injury. Also located on the as a case of ceramic floor tiles ace at the front door and rd at the top of the porch			
	Further observatior	n at approximately 3:15 pm on			

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILBIRG.			
		MHL041-599	B. WING		04/	17/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
GENTLE	HANDS HOME		EDON LANE	7455		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OI		()	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	age 1	V 736			
	peeling paint and s to be flush with the Further observation revealed excessive in the front living ro Observation in the approximately 1:30 excessive clutter. back door leading of kitchen/dining area long-handled dust p cans. On the other boxes stacked sev narrow passage-wa bar in the kitchen w Observation on 4-1 pm to 4:00 pm reve - a wall switch missing - kitchen windo broken - one cabinet of completely off - range hood n - kitchen sink w - back door and - ceiling in kitch ventilation and air of excessively soiled - threshold bett going downstairs w	pm on 4-17-18 revealed Immediately adjacent to the but of the facility from the were 4 brooms, 3 pans stacked behind 2 trash r side of the back door were 9 eral feet high, thus creating a ay to the back door. Under the were 2 more large storage tubs 7-18 from approximately 2:45	•			
	and painted	en, walls needed to be repaired	ł			
	repaired and painte ealth Service Regulation					

STATE FORM

05HW11

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL041-599	B. WING		04/	17/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		7 WIMBL	EDON LANE			
GENILE	HANDS HOME	GREENS	BORO, NC 27	7455		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN C			
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		COMPLET DATE
inte		,		DEFICIENC		
V 736	Continued From pa	age 2	V 736			
	- wall in bathro	om next to shower needed				
	rotted wood removed, repaired and painted					
		ate in client #1 's room was				
	cracked and neede					
	- wood on walls in client #1 's room was bare					
	and needed to be painted					
	<ul> <li>previous wall repairs in client #1 's room</li> </ul>					
	needed to be painted					
	- client #2 's room had no issues					
	- client #3 's room had 10 large storage tubs					
	excessively limiting client #3 ' s floor space - HVAC in downstairs hallway was					
	excessively soiled					
	- in upstairs bathroom, ceiling board was					
	loose and needed to be re-attached above the					
	shower/tub combo					
	- wall next to shower/tub needed to be					
	cleaned, repaired and painted					
		usly repaired patches on the				
		wall were unpainted				
		ate in upstairs bathroom was				
	cracked					
		bar in upstairs bathroom				
	wall	el bar or remove brackets on				
		ound lavatory where soap dish				
	was attached					
	Interview on 4-17-1	8 with the Qualified				
		or of Operations (QP/DoO)				
	revealed maintenal	nce at the facility was an				
		e reported they were making				
		3 days. "There's always				
		roken or needing fixed," stated				
		added, "someone was				
		re yesterday, but they didn ' t				
		/DoO also reported the clients at this facility were some of the				
		it came to keeping the				
		date. "This house is a				
inion of U	lealth Service Regulation		1			

05HW11

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION           (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL041-599	B. WING		04/	17/2018
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
ENTLE	HANDS HOME		LEDON LANE SBORO, NC 27	7455		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From page 3		V 736			
	challenge," she said	d.				
	revealed he would l person back, to cor	8 with the Co-Director (CD) be calling their maintenance ne and make the repairs. The have everything repaired				

05HW11