

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2018
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NAME OF PROVIDER OR SUPPLIER PERSON CENTERED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 TWIN LAKES DRIVE GREENSBORO, NC 27407
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 21, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27 G. 5600F Supervised Living/Alternative Family Living.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility staff failed to maintain the facility grounds in a safe, clean and attractive manner. The findings are:</p> <p>Observations on 5/18/18, at approximately 11:29am, of the outside of the facility revealed:</p> <ul style="list-style-type: none"> -Debris on the back wooden deck and in the gutters -A white wrought iron chair with a broken seat on the deck -The windows of the back of the facility and spider webs and debris on them -The back porch light had no light covering -The siding of the facility was dirty and had numerous cob webs -Under the were large pieces of old linoleum -The side yard of the facility had 4 window screens leaning on a brush. -The facility's yard had numerous dead limbs in 	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <p>the yard</p> <ul style="list-style-type: none"> -The yard also had areas with dead leaves and seedlings which were growing -A vine was growing on the side of the facility -A tree limb/branch was stuck in the middle of wires -The blinds to several of the facility's windows were broken -The grass in the yard needed to be mowed. -The right side of the facility had debris and cobwebs -The steps leading to the crawl space had approximately 4 inches of dead leaves -A white trashcan near the crawl space was filled with dead leaves. -A broken mop handle was leaning on the deck <p>Interview on 5/18/18 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -When asked about the last time she was at the facility, she replied on May 4, 2018 -Had observed an old mattress at the curb to be thrown out -Thought the facility had gotten rid of the dead leaves. -Had seen dead tree branches/limbs in the facility's yard. -One of the clients had been urinating on the linoleum tile, so the AFL provider had pulled it up to prevent further behaviors. -Understood why this surveyor was citing the facility for failing to maintain the facility in a safe, clean and attractive manner <p>Interview on 5/21/18 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> -Had been trying to get the landlord to cut some of the trees in the backyard -Would ensure the leaves were raked -Would gave the front lawn mowed 	V 736		

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V 736	Continued From page 2 -Within the last year, the AFL provider had remodeled the lower level of the facility -"The clients were urinating on the floor (linoleum) every night. When urine got underneath the flooring, it would cause it to start peeling ..."	V 736		