

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
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NAME OF PROVIDER OR SUPPLIER BUSHBERRY RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 105 BUSHBERRY COURT GARNER, NC 27529
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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 15, 2015. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 observation and interview, the licensee failed to maintain the facility in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 5/15/18 at approximately 12:30 PM revealed:</p> <ul style="list-style-type: none"> - The carpet throughout the facility was extremely worn and needed to be replaced. - The kitchen cabinets had a worn finish. - The hallway bathroom revealed a rusty air vent. -Client #1's bedroom, the dresser drawers were broken and mattress was sinking in the middle. -Client #2's bedroom had several boxes of incontinent supplies on the floor. -A large hole in the hallway. <p>Interview on 5/15/18 the Qualified Professional stated the landlord recently signed the home over to her son and they are being told the son plans to replace all the carpet, paint and make needed</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	Continued From page 1 repairs. [This is a recited deficiency and requires a 30 day plan of correction]	V 736		