

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/18/2018
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NAME OF PROVIDER OR SUPPLIER HOPEWELL	STREET ADDRESS, CITY, STATE, ZIP CODE 292 DOGWOOD LANE SNOW HILL, NC 28580
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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>A complaint and follow up survey was completed on May 18, 2018. The complaint was substantiated (intake #NC 00138833.) 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 safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 05/18/18 at approximately 12:30 am revealed the following:</p> <ul style="list-style-type: none"> - Back storm door was off hinges at the top of the door. - Cushions on couch in living had peeling upholstery. - Blinds in 2 of the 3 windows in the living room had approximately 2 - 3 broken slats per window. - Four - Five unpainted patched areas approximately 4 - 5 inches in circumference were on the walls in the living room. - Facility kitchen pantry was missing door. - Kitchen microwave had 2 recently cooked corn dogs in their wrappers left in it. 	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> <ul style="list-style-type: none"> - Window blinds over kitchen sink had approximately 2 - 4 broken slats. - Kitchen drawer had no drawer face. The drawer face was located beside the refrigerator in the kitchen. - Food splatter was spilled down the front of the kitchen stove. - Client #1's bedroom had foul smelling odor. <p>Bathroom near Client #1's bedroom:</p> <ul style="list-style-type: none"> - The toilet paper holder was broken. - The light fixture had 2 light bulbs missing and 1 bulb was not working. - The air vent over the sink was rusted. - One linen cabinet door had no hardware knob. <p>Bathroom near Client #5's Room:</p> <ul style="list-style-type: none"> - The towel rack was broken - The light fixture had 2 light bulbs not working. - Dried greenish liquid approximately 1 - 2 inch diameter was located on drawer under the bathroom sink. - Two - three dried blue - gray sticky spots on cabinet door under the bathroom sink. <p>Hallway</p> <ul style="list-style-type: none"> - One vacuum cleaner, a row of approximately 3-4 cardboard boxes of inventory was stacked next to wall. All of these items were partially blocking the back exit door. <p>Client #3 Bedroom</p> <ul style="list-style-type: none"> - Patched area on closet door showed signs of re-cracking upon touch. <p>Interview on 05/18/18 the Facility Maintenance Supervisor stated:</p> <ul style="list-style-type: none"> - He had notified the administrator about the need for a new couch. - He had talked with the Administration about repainting the facility. - He completed the work orders when they were submitted to him. 	V 736		

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V 736	<p>Continued From page 2</p> <p>- He would follow up with the repairs needed for the facility.</p> <p>Interview on 05/16/18 the Facility Residential Coordinator stated: - She had placed a work order in for a new couch for the facility.</p> <p>Interview on 05/18/18, the Director of Residential Services and Licensee had no additional information regarding the repair items discussed at exit.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		