PRINTED: 05/29/2018 FORM APPROVED

OVIDER OR SUPPLIER	MHL005-020	B. WING			
	STREET /	B. WING		05/16/2018	
JPPORT SERVICES O	SINCLIF	ADDRESS, CITY, STATE, ZIP CODE			
	F ASHE. INC - ARK				
STIMMADA S		SON, NC 28640	PROVIDER'S PLAN OF COR	PECTION	(X5)
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	N SHOULD BE COM E APPROPRIATE D/	
INITIAL COMMENTS		V 000			
An annual survey was completed on May 16, 2018. A deficiency was cited.					
category: 10A NCAC	27G .5600C Supervised				
27G .0303(c) Facility	v and Grounds Maintenance	V 736			
EXTERIOR REQUIF (c) Each facility and maintained in a safe	REMENTS its grounds shall be , clean, attractive and orderly				
Based on observation was not maintained in the second second second second second second second second second s	n and interviews, the facility in a clean and attractive				
3:30PM through 4:30 -A large handicappe bathroom off of the li -The shower walls a	DPM revealed: d shower was located in the ving room;				
-The shower head le -The floor of the sho	wer and the bottom walls				
-She had tried to cle many times; -Staff #2 had used m	an the handicap shower nultiple types of cleaners;				
	An annual survey wa 2018. A deficiency wa This facility is license category: 10A NCAC Living for Adults with 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIF (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not met Based on observation was not maintained in manner. The finding Observation on 5/15 3:30PM through 4:30 A large handicapper bathroom off of the li The shower walls an tan colored tile; The shower head le The floor of the show were covered with a appeared unclean. Interview on 5/15/18 She had tried to clea many times; -Staff #2 had used m -A scrub brush had to h Service Regulation	An annual survey was completed on May 16, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. 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. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean and attractive manner. The findings are: Observation on 5/15/18 from approximately 3:30PM through 4:30PM revealed: A large handicapped shower was located in the bathroom off of the living room; The shower walls and floor were covered with a tan colored tile; The shower head leaked water; The floor of the shower and the bottom walls were covered with a black substance and appeared unclean.	An annual survey was completed on May 16, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. 27G .0303(c) Facility and Grounds Maintenance V 736 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. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean and attractive manner. The findings are: Observation on 5/15/18 from approximately 3:30PM through 4:30PM revealed: A large handicapped shower was located in the bathroom off of the living room; The shower walls and floor were covered with a tan colored tile; The shower head leaked water; The floor of the shower and the bottom walls were covered with a black substance and appeared unclean. Interview on 5/15/18 with Staff #2 revealed: -She had tried to clean the handicap shower many times; -Staff #2 had used multiple types of cleaners; -A scrub brush had been used on the blackened	An annual survey was completed on May 16, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. 27G .0303(c) Facility and Grounds Maintenance V 736 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. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean and attractive manner. The findings are: Observation on 5/15/18 from approximately 3:30PM through 4:30PM revealed: A large handicapped shower was located in the bathroom off of the living room; The shower walls and floor were covered with a tan colored tile; The floor of the shower and the bottom walls were covered with a black substance and appeared unclean. Interview on 5/15/18 with Staff #2 revealed:: She had tried to clean the handicap shower many times; Staff #2 had used multiple types of cleaners; A scrub brush had been used on the blackened hervice Regulation	An annual survey was completed on May 16, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities. 27G. 0.303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G. 0.303 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. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean and attractive manner. The findings are: Observation on 5/15/18 from approximately 3:30PM through 4:30PM revealed: A large handicapped shower was located in the bathroom off of the living room; The shower nead leaked water; The shower head heaked water; The shower head heaked water; She fir 42 had used multiple types of cleaners; A scrub brush had been used on the blackened bevice Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MHL005-020 NAME OF PROVIDER OR SUPPLIER STREET A		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/16/2018	
		MHI 005-020				
		ADDRESS, CITY, STATE,		04	03/10/2018	
	UPPORT SERVICES OF	342 01	NG STREET			
	UPPORT SERVICES OF	JEFFER	SON, NC 28640			
(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 APPROPRIA DEFICIENCY)		E DATE
V 736	Continued From page 1		V 736			
	and dirty areas of the shower; -None of her attempts to clean the shower were successful; -The shower had been in this condition for a long time.					
	(ED) revealed: -She acknowledged to unclean; -The Facility Mainten contacted the buildin	ance Scheduler had g owner; ected the facility to obtain				

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