

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
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NAME OF PROVIDER OR SUPPLIER SUMMIT SUPPORT SERVICES OF ASHE, INC - ARK	STREET ADDRESS, CITY, STATE, ZIP CODE 342 LONG STREET JEFFERSON, NC 28640
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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 survey was completed on May 16, 2018. 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 interviews, the facility was not maintained in a clean and attractive manner. The findings are:</p> <p>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.</p> <p>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</p>	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>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.</p> <p>Interview on 5/16/18 with the Executive Director (ED) revealed: -She acknowledged the shower appeared unclean; -The Facility Maintenance Scheduler had contacted the building owner; -The owners had directed the facility to obtain estimates for repair of the shower.</p>	V 736		