

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-055 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/29/2018 |
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| NAME OF PROVIDER OR SUPPLIER BOOTH ROAD GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 130 BOOTH ROAD CHAPEL HILL, NC 27516 |
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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 29, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following services category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> | V 000 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 5/29/18 at 1:30 p.m. revealed: -Carpet was dirty and worn down to the threadbare at different spots as well as having numerous dark stains.</p> <p>Interview on 5/29/18 with the Regional Director/Qualified Professional revealed: -He was aware of the carpet's condition. -Issue had been identified by construction team back in March. -House was owned The Arc of North Carolina. -The Arc of North Carolina was responsible for doing maintenance for the home. -Work order had been placed in March to replace carpet, but it had not been completed by Arc of</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 North Carolina. -The Arc of North Carolina staff was at home at time of survey noting things that needed to be replaced/repared. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. | V 736 | | |