Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL076-055	B. WING		06/0	8/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE OVERLOOK 1342 NC HWY 42 EAST ASHEBORO, NC 27205							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	2018. Deficiencies						
	10A NCAC 27 G .5	sed for the following service: 600C Supervised Living for omental Disabilities.					
V 736	736 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.						
	Based on observati failed to maintain the attractive and order	et as evidenced by: ions and interviews, the facility ne facility in a safe, clean, rly manner. The findings are: 7/18 between 9 am and 10 am					
	revealed: -Kitchen cabinet do oven, and above th securely.	oors under the sink, below wall e counter would not close					
	the cabinet box.	chairs was stained. cabinet was separated from the the cabinet below the sink.					
	-Dark brown stainin kitchen counter top	ng in the tile grout of the					
	staining on sink bei						
		f front living room window					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL076-055	B. WING		06/0	8/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE OVE	RLOOK		HWY 42 EAS			
	011111111111111111111111111111111111111		RO, NC 2720			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From page 1		V 736			
	broken and visible from the outside of the homeBlinds broken, missing sections of the slats in client #2's bedroomNo light fixture over the ceiling light in client #1's bedroom; the 2 exposed light bulbs were mismatchedBaseboard heat/air register in master bathroom, client #4's bedroom was rusted. Corrosion on faucets and rust stained sinkFloor in client #4's bedroom covered in small bits of debrisBaseboard heat/air register in hallway damaged, rust present, separated from the wallCobwebs at the front entry over mailbox, door bell, and sidingBroken tiles on the front porch at the top of the stepsBricks on path leading to the front entrance to the home uneven.					
	stated: -He would have clie -He had requested room to be replaced not breakThe water was "ha the sinks, but he wo product for rust rem -He would follow up repair or replace.	o on those things he could				
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa	ot Water Temperatures 304 FACILITY DESIGN AND cility shall be designed, uipped in a manner that	V 752			
	ensures the physica	al safety of clients, staff and			ļ	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
			A. BOILDING.				
		MHL076-055	B. WING		06/0	8/2018	
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
THE OV	THE OVERLOOK 1342 NC HWY 42 EAST ASHEBORO, NC 27205						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 752	visitors. (4) In areas of exposed to hot wat water shall be main degrees Fahrenheit. This Rule is not me Based on observatifialed to maintain whoo-116 degrees Facility where clients. The findings are: Observations on 6/am revealed: -Water temperature measured 118 degrees FahrenheitWater temperature room measured 12-water temperature 122 degrees Fahrenheit. It took a long time get hot because of heater. (Kitchen sin Fahrenheit.) -He was not aware too hot in the bathren	of the facility where clients are er, the temperature of the stained between 100-116 t. Let as evidenced by: It is and interview, the facility rater temperatures between ahrenheit in areas of the sare exposed to hot water. The between 9:30 am and 10 the in the powder room rees Fahrenheit. It is in client #4's master bath the degrees Fahrenheit. The Group Home Manager for the water in the kitchen to the distance to the hot water as the water temperatures were sooms. The water temperatures were coms. The scaling where clients are earlier to the water temperatures were coms. The scaling water in the kitchen to the distance to the hot water as the water temperatures were coms. The scaling water in the kitchen to the distance to the hot water as the water temperatures were coms. The scaling water in the kitchen to the distance to the hot water as the water temperatures were coms. The scaling water is the scaling water temperatures were coms. The scaling water is the scaling water temperatures were coms.	V 752				

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