		IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED	
		MHL062-035			06/	21/2018
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST ALT 220 HWY			
D & S CC	OUNTRY MANOR		OVE, NC 27341			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed June 21, 2018. Deficiencies were cited.					
	category; 10A NCA	sed for the following service AC 27G .5600C, Supervised h Developmental Disabilities.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	207 EMERGENCY PLANS in for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be /. er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	failed to ensure fire	et as evidenced by: view and interview, the facility and disaster drills were held ited on each shift. The				
	disaster drill record - No documented fi am shift for the qua 2017, or October -	re drills for the 7:00 pm - 7:00 Inters of July - September				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NU		IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL062-035	B. WING		R 06/21/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
D & S C(OUNTRY MANOR		ALT 220 HWY			
			VE, NC 27341			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From page 1 7:00 am shift for the quarters of July - September 2017, October - December 2017, or January - March 2018.		V 114			
	operated with two 1 pm and 7:00 pm - 7 She did not have do disaster drills being across all shifts. Sh requirement to have	8 the Qualified istrator stated the facility 2 hour shifts, 7:00 am - 7:00 1:00 am, seven days a week. ocumentation of fire and conducted quarterly and ne understood the rule e drills quarterly and across all nditions that simulate fire				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		on and interview the licensee e facility in a clean, attractive,				
	approximately 1:30 - Stacks of papers of near the dining area - Various stacks of desk and table in th - A broken wooden	on a counter top in the kitchen a. papers and other items on a				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL062-035		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A. BUILDING:				COM
		MHL062-035			R 06/21/2018		
	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
IAIVIE OF F	ROVIDER OR SUPPLIER		ALT 220 HWY				
8 S CC	OUNTRY MANOR		OVE, NC 2734				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION		
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
V 736	Continued From pa	age 2	V 736				
	fixture over the dini	ing area table.					
	- Heavy spider web	s with live spiders inside the					
	windows in the dini	ng area; one window was					
		spider with a pile of dead					
	insects beneath the spider web the window on the		e				
	window apron near the dining table.						
		he window at the kitchen sink					
	were yellowed.						
	- A rocking chair with a large hole in the caned						
	seat in the front sitting room. - The flooring in the clients' television room was						
	torn near the kitchen door.						
	 - 3 cardboard boxes containing new air filters an a box containing plastic laundry baskets were 		1				
	stored in Client #1's bedroom.						
	- An unassembled	bed was stored in Client #1's					
	bedroom.						
	- Clothing was piled	d on the floor in Client #2's					
	bedroom.						
		lient #2's bedroom were					
	blocked by a comp						
		ately 10 inch by 12 inch)					
		nded and unpainted, hole in					
	Client #3's bedroor						
		e hall bathroom was rust					
	stained; the towel r						
	end of the hall was	older in the bathroom at the					
		ms, including a Christmas tree zardly in the facility sunroom.	-,				
		under the carport did not have					
	a door knob or han						
			, I I				
	- Various items (including 8 mismatched chairs, a broken wicker chair and table, and a large "shop"						
	vacuum) cluttered						
		to grow over some of the					
	facility windows.	y					
	2	ris was observed near the					
	carport.						
	- Plastic children's	push cars were next to the				1	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY	
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	MHL062-035	B. WING			R 21/2018
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
UNTRY MANOR					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From page 3		V 736			
driveway.					
not like to clean his push the desk out of out the window or of facility in the event had recently gotten bed was broken, he Client #3 had put th The Qualified Profe wanted to use the s would make sure to the carport. Interview on 6/21/1 she was the Licens property. Client #3	a bedroom. Client #2 could of the way if he needed to get go out the front door of the t of an emergency. Client #1 a new bed. The unassembled e just had not yet moved it. he hole in his bedroom wall. essional (QP)/Administrator sunroom as an office. He o put a handle on the door at 8 the QP/Administrator stated see but she did not own the had put the hole in his	1			
	PROVIDER OR SUPPLIER PUNTRY MANOR SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From pa driveway. Interview on 6/20/1 not like to clean his push the desk out of out the window or g facility in the event had recently gotten bed was broken, he Client #3 had put th The Qualified Profe wanted to use the s would make sure to the carport. Interview on 6/21/1 she was the Licens property. Client #3 bedroom wall. She	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL062-035 PROVIDER OR SUPPLIER STREET A 3963 NC SEAGRO DUNTRY MANOR 3963 NC SEAGRO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SCONTINUED FROM DETICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 driveway. Interview on 6/20/18 Staff #3 stated Client #2 did not like to clean his bedroom. Client #2 could push the desk out of the way if he needed to get out the window or go out the front door of the facility in the event of an emergency. Client #1 had recently gotten a new bed. The unassembled bed was broken, he just had not yet moved it. Client #3 had put the hole in his bedroom wall. The Qualified Professional (QP)/Administrator wanted to use the sunroom as an office. He would make sure to put a handle on the door at the carport. Interview on 6/21/18 the QP/Administrator stated she was the Licensee but she did not own the property. Client #3 had put the hole in his bedroom wall. She was aware of the spider webs	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: DENTIFICATION NUMBER: MHL062-035 B. WING	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: MHL062-035 B. WING 'ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JUNTRY MANOR 3963 NC ALT 220 HWY N SEAGROVE, NC 27341 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC Continued From page 3 V 736 V 736 driveway. Interview on 6/20/18 Staff #3 stated Client #2 ciuld push the desk out of the way if he needed to get out the window or go out the front door of the facility in the event of an emergency. Client #1 had recently gotten a new bed. The unassembled bed was broken, he just had not yet moved it. Client #3 had put the hole in his bedroom wall. The Qualified Professional (QP)/Administrator wanted to use the sunroom as an office. He would make sure to put a handle on the door at the carport. He OP/Administrator stated she was the Licensee but she did not own the property. Client #3 had put the hole in his bedroom wall. She was aware of the spider webs He office in his bedroom wall.	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: MHL062-035 (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATL COM ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 06/ NUTRY MANOR SEAGROVE, NC 27341 06/ 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) Continued From page 3 V 736 driveway. Interview on 6/20/18 Staff #3 stated Client #2 did not like to clean his bedroom. Client #2 could push the desk out of the way if he needed to get out the window or go out the front door of the facility in the event of an emergency. Client #1 had recently gotten a new bed. The unassembled bed was broken, he just had not yet moved it. Client #3 had put the hole in his bedroom wall. The Qualified Professional (QP)/Administrator wanted to use the sunroom as an office. He would make sure to put a handle on the door at the carport. He over of an and the own the property. Client #3 had put the hole in his bedroom wall. She was aware of the spider webs