

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-095 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 07/20/2018 |
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| NAME OF PROVIDER OR SUPPLIER HARDEE ROAD GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 1612 HARDEE ROAD KINSTON, NC 28501 |
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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 and follow up survey was completed on July 20, 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</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 was not maintained in a clean manner. The findings are:</p> <p>Observation on 7/19/18 at approximately 9:15 am revealed:</p> <ul style="list-style-type: none"> - The paint on the kitchen cabinets was worn at the handles. - The ceiling fan in Client #1's bedroom was visibly dusty. - The ceiling fan in Client #2's bedroom was dusty. - Heavy mildew in the corner and around the edges of Client #2's bathtub. - Mildew and particulate matter on the floor in the space between Client #2's bathtub and vanity. - Dust and particulate matter on the floor around the toilet. - Heavy dust on the exhaust fan in Client #2's bathroom. | V 736 | | |

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| 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> <ul style="list-style-type: none"> - A brown spot on the ceiling over Client #5's bed. - The air vent in the hall was visibly dusty. - The exhaust fan in the hall bathroom was visibly dusty. - Particles of dust and debris approximately 1 inch long hanging from the bathroom ceiling. - The paint was peeling from the bathroom ceiling. - Broken floor tiles beside the toilet at the air vent. <p>Interview on 7/19/18 the Group Home Manager stated she had not seen the dust on the bathroom ceiling. Some light bulbs needed to be replaced. She would ensure the facility was cleaned.</p> | V 736 | | |