FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: R B. WING MHL054-095 07/20/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1612 HARDEE ROAD HARDEE ROAD GROUP HOME KINSTON, NC 28501 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 V-000 INITIAL COMMENTS An annual and follow up survey was completed on July 20, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities. V 736 V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** Paint will be touched up on kitchen (c) Each facility and its grounds shall be cabinets. Ceiling fans in Client #1 and maintained in a safe, clean, attractive and orderly 9/18/18 manner and shall be kept free from offensive #2 will be cleaned. Client #2's odor. bathroom will be cleaned including the exhaust fan. Ceiling in Client #5's bedroom will be cleaned and touched up with paint. The hall air vent This Rule is not met as evidenced by: and bathroom exhaust fan will be Based on observation and interview, the facility cleaned. Bathroom ceiling will be was not maintained in a clean manner. The cleaned/repaired and painted. The findings are: broken floor tiles will be repaired. QP and group home manager will Observation on 7/19/18 at approximately 9:15 am monitor monthly. - The paint on the kitchen cabinets was worn at the handles. RECEIVED - The ceiling fan in Client #1's bedroom was visibly dusty. JUL 13 2018 - The ceiling fan in Client #2's bedroom was dustv. **DHSR Licensure Sec** - 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 Glient #2's bathroom. Division of Health Service Regulation Monder 7-30-2018 LABORATORY DIRECTOR'S OR PROVIDER'S PHER REPRESENTATIVE'S SIGNATURE

If continuation sheet 1 of 2

STATE FORM

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL054-095			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			B. WING		R 07/20/2018				
	NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, STATE, ZIP CODE					
	HARDEE ROAD GROUP HOME				RDEE ROAD N, NC 28501				
	(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 APPROP DEFICIENCY)	DBE	COMPLETE DATE		
		- A brown spot on the The air vent in the The exhaust fan in dusty Particles of dust ar inch long hanging from The paint was peeceiling Broken floor tiles but Interview on 7/19/18 stated she had not sceiling. Some light is	ge 1 ne ceiling over Client #5's bed. hall was visibly dusty. In the hall bathroom was visibly and debris approximately 1 nom the bathroom ceiling. ling from the bathroom reside the toilet at the air vent. If the Group Home Manager reen the dust on the bathroom resulbs needed to be replaced. The facility was cleaned.	V 736					

Division of Health Service Regulation STATE FORM