Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED						
			A. BOILDING.		F	₹					
		MHL040005	B. WING			1/2018					
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
AMBLESIDE 1 INDUSTRIAL DRIVE SNOW HILL, NC 28580											
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE					
V 000	INITIAL COMMENTS		V 000								
	A complaint and follow up survey was completed on September 11, 2018. The complaint was unsubstantiated (intake #NC00141218). A deficiency was cited.  This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities; 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups; and 10A NCAC 27G .5500 Sheltered Workshops for Individuals of All Disability Groups.										
V 736	736 27G .0303(c) Facility and Grounds Maintenance		V 736								
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly se kept free from offensive									
	was not maintained	ion and interview, the facility I in a clean, attractive and I kept free from offensive									
	11:30am revealed: - The hallway bathr had a smell of uring urinal had peeled a commode bowl covmissing.	room used by the male clients e. The wall paper in front of the way from the wall. The ver on the 2nd toilet was the women's bathroom had a									

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

(X6) DATE TITLE

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	(X3) DATE SURVEY COMPLETED						
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1 INDUSTRIAL DRIVE SNOW HILL, NC 28580   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 1  baseball sized hole in the wall The kitchen area revealed soiled carpet The literacy room revealed bits of debris scattered on the floor The carpets in the hallway had dark spots and were soiled A baseball sized crack was on the wall in the hall. The walls contained marks and scuffed	MHI 040005		B. WING										
AMBLESIDE  SUMMARY STATEMENT OF DEFICIENCE SNOW HILL, NC 28580  [X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 1  baseball sized hole in the wall.  The kitchen area revealed soiled carpet.  The literacy room revealed bits of debris scattered on the floor.  The carpets in the hallway had dark spots and were soiled.  A baseball sized crack was on the wall in the hall. The walls contained marks and scuffed	NAME OF F				STATE ZID CODE	09/1	09/11/2016						
XAMBLESIDE  SNOW HILL, NC 28580  (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736 Continued From page 1  baseball sized hole in the wall.  The kitchen area revealed soiled carpet.  The literacy room revealed bits of debris scattered on the floor.  The carpets in the hallway had dark spots and were soiled.  A baseball sized crack was on the wall in the hall. The walls contained marks and scuffed	1 INDUSTRIAL DRIVE												
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Interview on 09/11/18 the Day Program Manager stated the walls were starting to get painted.  Interview on 09/11/18 the Director of Operations stated:  - The men's bathroom was scheduled to be remodeled.  - Repairs to the facility were being completed.  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 736	baseball sized hole - The kitchen area r - The literacy room scattered on the flor - The carpets in the were soiled A baseball sized c hall. The walls conta areas scattered thro Interview on 09/11/2 stated the walls were Interview on 09/11/2 stated: - The men's bathrooremodeled Repairs to the facility.	in the wall. revealed soiled carpet. revealed bits of debris or. hallway had dark spots and rack was on the wall in the ained marks and scuffed oughout the facility.  18 the Day Program Manager re starting to get painted.  18 the Director of Operations om was scheduled to be fility were being completed.  Institutes a re-cited deficiency	V 736									

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Division of Health Service Regulation STATE FORM

NP3X11 If continuation sheet 2 of 2