

**RECEIVED**

**By DHSR at 8:59 am, Sep 23, 2018**

PRINTED: 09/13/2018  
FORM APPROVED

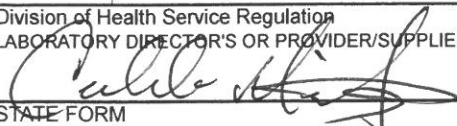
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER <b>AMBLESIDE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 INDUSTRIAL DRIVE SNOW HILL, NC 28580</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on September 11, 2018. The complaint was unsubstantiated (intake #NC00141218). A deficiency was cited.</p> <p>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.</p>	V 000	<p>A Contractor has already been Identified, Tile has been picked-out &amp; the Remodel of the bathrooms has been Scheduled. This deficiency will be corrected by the next time the Day Program is Surveyed. The Carpet throughout the building is being Replaced, Sections at a time. This Deficiency will Also be Completely Corrected by the next survey. An individual had put a hole in the wall the day before. This will be Corrected by the next survey. All Construction Projects, (Carpet &amp; Bathroom Remodels)</p>	
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner and kept free from offensive odors. The findings are:</p> <p>Observation on 09/11/18 at approximately 11:30am revealed:</p> <ul style="list-style-type: none"> <li>- The hallway bathroom used by the male clients had a smell of urine. The wall paper in front of the urinal had peeled away from the wall. The commode bowl cover on the 2nd toilet was missing.</li> <li>- The wall outside the women's bathroom had a</li> </ul>	V 736		10/11/18

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Director of Operations</b>	(X6) DATE <b>9/20/18</b>
--	--	-----------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>AMBLESIDE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 INDUSTRIAL DRIVE SNOW HILL, NC 28580</b>		
(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 736	<p>Continued From page 1</p> <p>baseball sized hole in the wall.</p> <ul style="list-style-type: none"> <li>- The kitchen area revealed soiled carpet.</li> <li>- The literacy room revealed bits of debris scattered on the floor.</li> <li>- The carpets in the hallway had dark spots and were soiled.</li> <li>- A baseball sized crack was on the wall in the hall. The walls contained marks and scuffed areas scattered throughout the facility.</li> </ul> <p>Interview on 09/11/18 the Day Program Manager stated the walls were starting to get painted.</p> <p>Interview on 09/11/18 the Director of Operations stated:</p> <ul style="list-style-type: none"> <li>- The men's bathroom was scheduled to be remodeled.</li> <li>- Repairs to the facility were being completed.</li> </ul> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 736	<p>Will be Completed by Outside Vendors. While Holes in Wall &amp; Painting will be Completed by Ambleside's Maintenance Supervisor. The Director of Operations will ensure all projects are Completed and are done in way that correct the deficiencies</p>	10/11/18