

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2018
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NAME OF PROVIDER OR SUPPLIER ANN'S HAVEN OF REST	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 EAST MILLBROOK ROAD RALEIGH, NC 27609
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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 survey was completed on 10/5/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</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 interviews the governing body failed to maintain the facility in a safe , clean, attractive and orderly manner and free from offensive odor. The findings are:</p> <p>Observation on 10/4/18 at 10:00 AM of the home revealed the following:</p> <ul style="list-style-type: none"> -Client #3's bathroom floor soft and uneven with strong smell of urine. -Client #3's bedroom had soiled bed Lennon laying in the floor. -Client #2 mattress stained, sinking in the middle with no sheets present on the bed. -The "Meditation Room" floor was ripped out and not replaced, exposing sub floor, the baseboard falling off and lots of metal racks sitting on the floor. -Upstairs bathroom had broken towel rack, shower curtain mold and stained. -Client #4 had a broken television sitting on 	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <p>the floor.</p> <ul style="list-style-type: none"> -Client #1's mattress was dirty/stained, no pillow case and stained pillow. -Smoke detectors throughout were chirping. -Walls and baseboards throughout home were dirty. <p>During interview on 10/4/18 Staff #1 stated:</p> <ul style="list-style-type: none"> -Started working in the home in August 2018 and the home had looked this way with repairs needed. -Not sure if anyone had reported this to the office to get them fixed. 	V 736		