PRINTED: 10/15/2018 FORM APPROVED

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						
			7 BOILDING.		F	۲					
		MHL092-868	B. WING		10/0	9/2018					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
CHERRYWOOD COURT 5321 LOGOS COURT RALEIGH, NC 27610											
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE					
V 000 INITIAL COMMENTS		V 000									
	10/9/18. A Deficien This facility is licenscategory: 10A NCA	ow Up Survey was completed cy was cited. sed for the following service. C 27G .1700 Residential Iren and Adolsecents Level III									
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance										
	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.										
	Based on observat governing body fail	et as evidenced by: ion and interview the ed to ensure the facility was e, clean, attractive and orderly ngs are:									
	following:  -Large hole in It located in the the control of the co	ated in the hallway had soft n out the facility was dirty and or alarms were chirping lity.									
	During interview on	10/9/18 The licensee stated:									

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

(X6) DATE TITLE

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V 736	-He was not aw	ge 1 vare of the holes in the house. vairman out tomorrow to	V 736									

Division of Health Service Regulation

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