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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		MHL047-164	B. WING		10		
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE			
AMAT GF	ROUP HOMES 2		PIA COURT RD, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	DN SHOULD BE COMPLET TE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000				
	on October 10, 201 unsubstantiated (in deficiency was cited This facility is licens category: 10A NCA	sed for the following service C 27G .5600A Supervised					
V 736	Living for Adults with Mental Illness. 27G .0303(c) Facility and Grounds Maintenance		V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,				
	failed to ensure fac	et as evidenced by: on and interview, the facility ility grounds were maintained I attractive manner. The					
	area revealed: -Carpet was dirty a	10/18 at 1:30 p.m. of the living nd worn down at different ving numerous dark stains.					
	Professional reveal -She had the carpe ago, but the stains -Residents had spil -Her agency was re maintenance for the	t shampooed a few weeks returned. led drinks on the carpet. sponsible for doing					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE COM	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		MHL047-164	B. WING		10/	10/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
AMAT GF	ROUP HOMES 2		PIA COURT D, NC 28376				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 736	Continued From page 1		V 736				
	months. -She confirmed the	ave carpets cleans every few e facility failed to ensure facility ntained in a safe, clean, rly manner.					
	ealth Service Regulation						

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