Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-248	A. BUILDING: _____ B. WING _____	09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVANS-WALSTON HOME	808 HAWKS VIEW COURT FUQUAY VARINA, NC 27526

(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	INITIAL COMMENTS An Annual Survey was completed 09/27/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living/Alternative Family Living	V 000		
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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean and orderly manner. The findings are: Observation and tour on 09/27/18 between 3:30P-5:30P revealed: -Banister leading to the upstairs loose -Carpet on banister steps worn and torn causing possible trip hazard Interview on 09/27/18, the Licensee reported: -She was aware of issues with the banister and carpet -Estimates for repairs had been completed.... had not secured a date for repairs to be completed	V 736	DHSR - Mental Health OCT 18 2018 Lic. & Cert. Section -The measures that have been put in place for correction, owner/staff has gotten several estimates for the repairs and repairs to be complete by 11-27-2018 -The measures to prevent the problem from reoccurring by doing monthly inspections -The person responsible for monitoring the situation to ensure it will not occur again will be the owner/staff -The monitoring will take place Monthly	11-27-18

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alenda Evans-Walston | TITLE: Owner | (X6) DATE: 10-17-18