

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/31/2018
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NAME OF PROVIDER OR SUPPLIER PEACE HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 627 DONALD ROSS DRIVE RALEIGH, NC 27610
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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>A Complaint Survey was completed on October 31, 2018. The Complaint was unsubstantiated (Intake #NC00143616). 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 interview, the governing body failed to maintain the facility in an odor free manner. The finding is:</p> <p>Observation and tour of the facility 10/18/18 at 2:30 PM revealed: -Light not working in the hallway..very dim/dark lighting in the hallway leading to the client bedrooms -Crack in wooden door in client #2's bedroom -Strong urine smell in bedroom of client #5</p> <p>During interview on 10/18/18, staff #1 reported: -The lighting had been fixed previously by the Licensee's husband, not sure why it was not operable again -She was not sure how long the crack had been in the wooden door of the client's bedroom -Local fire department recently came to the</p>	V 736		

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

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V 736	Continued From page 1 facility and mentioned the odor in client #5's bedroom....client did not want to wear incontinent items or use padding on her mattress for covering During interview on 10/18/18, Licensee reported: -She would address the concerns regarding the physical plant of the facility	V 736		