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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED				
		MHL084-073	B. WING		02	/06/2019				
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE						
MARTIN APARTMENT A ALBEMARLE, NC 28001										
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(VE)				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	CTION SHOULD BE COMPLETE DITHE APPROPRIATE DATE					
V 000	INITIAL COMMENTS		V 000							
	An annual survey was Deficiencies were cite	s completed on 2-6-19. ed.								
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736							
		EMENTS								
		ns the facility failed to be , safe, pleasant and orderly								
	revealed:  -Section of paint in male clients room with patches mis -Closet door in let tracks and leaning.  -Tub bathroom h bubbling around sink -Paint and what a wall was peeling around and the control of the contro	appeared to be part of the and the tub.  om was broken, leaving a								

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED					
			B. WING		02/06/2019					
MHL084-073			B. WIIVO	b. WING						
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA							
MARTIN APARTMENT 1519 EAST MAIN STREET, APARTMENT A ALBEMARLE, NC 28001										
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET		COMPLETE					
V 736	Continued From page 1		V 736							
	-They had put in door already -She thought tha the paint off in his bed	the bathroom painted and								
V 752	27G .0304(b)(4) Hot \	Water Temperatures	V 752							
	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors. (4) In areas of texposed to hot water,	ity shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116								
	hot water was betwee	as evidenced by:  n, the facility failed to ensure en 100 degrees and 116 ere client shad access. The								
	revealed: -Kitchen sink in the	9 at approximately 8:45 am he back of the house was n the back of the house was ack of the house was 118								
	Interview on 2-6-19 w	rith the facility manager								

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:												
MHL084-073 B. WING 02/06/2019	02/06/2019											
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
MARTIN APARTMENT 1519 EAST MAIN STREET, APARTMENT A  ALBEMARLE, NC 28001												
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	X5) IPLETE ATE											
V 752  Continued From page 2  revealed:  -She didn't know if the house had two hot water heaters or not.  -They would get the hot water adjusted immediately.												

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