

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/19/2019
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NAME OF PROVIDER OR SUPPLIER DEVEREUX RESIDENTIAL SERVICES KINCAID	STREET ADDRESS, CITY, STATE, ZIP CODE 5 KINCAID COURT DURHAM, NC 27703
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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 and follow up survey was completed on 2/19/19. The complaint was unsubstantiated (intake #NC00147163). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.</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 interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 2/19/19 at approximately 9:25 AM of the facility revealed the following issues: -Client #1's bedroom-There were approximately eight to nine areas of peeling paint. The wall near head board of bed had an area of paint missing that was approximately two feet long and two feet wide. -Bathroom #2-Paint was peeling from the wall in two separate areas.</p> <p>Interview with staff #1 on 2/19/19 revealed: -Client #1 continues to pick the paint off the wall in his bedroom and bathroom.</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	<p>Continued From page 1</p> <ul style="list-style-type: none"> -The Administrator had client #1's bedroom and bathroom walls painted. -He was not sure how long ago the walls in the bedroom and bathroom were painted. -He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner. <p>Interview with the Administrator on 2/19/19 revealed:</p> <ul style="list-style-type: none"> -The walls in client #1's bathroom and bedroom were painted. -She thought the walls were painted shortly after the November 2018 survey. -Client #1 picked the paint off the walls as soon as the walls were painted. -She confirmed the facility was not maintained in a safe, clean, attractive and orderly manner. <p>This deficiency has been cited three times since the original cite on 2/15/17 and must be corrected within 30 days.</p>	V 736		