

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-142</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/01/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>L &amp; J HOMES- APPLE STREET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>816 APPLE STREET</b> <b>BURLINGTON, NC 27216</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 1, 2019. 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><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></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 2/28/19 at approximately 11:05 AM of the facility revealed the following issues: -The den area- The couch, recliner and loveseat were all torn and the leather like material had multiple cracks. -Bathroom #1-There was a dirt like debris on the walls and on the bathroom door. There was a build up of dirt and dust on the baseboards.</p> <p>Interview with the Manager on 2/28/19 revealed: -He was aware the furniture in the den had to be replaced at some point. -The group home had that furniture in the den for several years.</p>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <p>-He did not realize bathroom #1 needed to be cleaned.</p> <p>-He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>Interview with the Qualified Professional on 2/28/19 confirmed:</p> <p>-The facility was not maintained in a safe, clean, attractive and orderly manner.</p>	V 736		