PRINTED: 03/11/2019 FORM APPROVED

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						
741212741	or contraction	IDENTIFICATION NO MIDEN.	A. BUILDING: _								
		MHL084-040	B. WING		03/06/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
ANDERSON ROAD GROUP HOME 207 ANDERSON ROAD ALBEMARLE, NC 28001											
	OLIMANA DV. OT		1	DDO//DEDIG DI AN OF CODDECTIO							
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	E ACTION SHOULD BE COMPLETE D TO THE APPROPRIATE DATE						
V 000	INITIAL COMMENTS		V 000								
	An annual survey was completed on 3-6-19. Deficiencies were cited.										
	This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose primary Diagnosis is a Developmental Disability.										
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance		V 736								
	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.										
		n and interview, the facility d in a clean, safe, and odor									
	dirty with what appea the sink was dirtyLiving room: Bro two of the walls, two p couch arm stained -Washing machin										
	scum on the shower was the shower headShower bath: was the walls were dirty.	Bathtub was very dirty, soap walls, shower was missing all behind the sink was dirty, rtain holder on the back door as to the handle.									

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

TITLE (X6) DATE

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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							
MHL084-040			B. WING		03/06	03/06/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
ANDERSON ROAD GROUP HOME 207 ANDERSON ROAD ALBEMARLE, NC 28001												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DATI DEFICIENCY)								
V 736	Continued From page 1		V 736									
	-They discuss cleameetingShe didn't know headThe staff had tol splashes in the living -They would get	ith the manager revealed: canliness at every staff about the missing shower d her that the brown room wouldn't come off. the house clean and develop st to make sure it stayed										

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STATE FORM J9GS11 If continuation sheet 2 of 2