

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL009-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAROLINAS HOME CARE AGENCY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1468 RICHARDSON ROAD</b> <b>BLADENBORO, NC 28320</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 April 11, 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 was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 04/10/19 at approximately 1:45pm revealed:</p> <ul style="list-style-type: none"> <li>-The kitchen table had 3 chairs with all legs to chairs loose.</li> <li>-The handle to the refrigerator door was missing.</li> <li>-The floor vent next to the patio door in the kitchen was rusted.</li> <li>-The right side patio door in kitchen was missing window blind. Food debris and dirt smudges were identified on both patio doors in kitchen.</li> <li>-Client #2 and client #3's bedroom had broken blind in window. There were no knobs on nightstand between beds. There were 3 missing knobs on the dresser located to the far right of the room</li> </ul>	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>-Client #4's bedroom had knob missing off left side of closet door.</p> <p>-Client #5's bedroom was missing knobs on second drawer of dresser.</p> <p>Interview on 04/11/19 the Qualified Professional notified maintenance of concerns on 4/10/19. Concerns with blinds, chairs, vent, and cleanliness of kitchen had been addressed by 4/11/19.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]</p>	V 736		