Division of Health Service Regulation

| PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI  | STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |         |  |    | DATE SURVEY<br>COMPLETED |  |
|--|---|--|--|---------|--|----|--------------------------|--|
| NAME OF PROVIDER OR SUPPLIER  RAINBOW 66 STOREHOUSE, INC  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual survey was attempted on April 9, 2019. According to the Regional Director there are no clients being served at the facility. The last time clients were served at the facility was February 6, 2018.  This facility is licensed for the following service category: 10 A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  Observation on 04/09/19 of the facility at approximately 10:00am revealed: - No one at the facility No response to the front door or side door.   |   |  | MHL083-029   | B. WING |  |    |                          |  |
| RAINBOW 66 STOREHOUSE, INC  LAUREL HILL, NC 28351    (X4)   ID   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DATE OF THE APPROPRIATE DEFICIENCY)   DATE OF THE APPROPRIATE DEFICIENCY   DATE OF THE APPRO | ·   |  |  |         |  |    |                          |  |
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| Telephone interview on 04/09/19 the Regional Director stated: -No clients were residing at the facility since 02/06/18The former resident/client was transferred to a sister facility on 02/06/18 and discharged from the current facilityThe Regional Director agreed to contact DHSR if/when any client(s) were admitted to the facility.  |   | According to the Regiclients being served at 2018.  This facility is licensed category: 10A NCAC Living for Adults with 10 Observation on 04/09 approximatley 10:00a - No one at the facility - No response to the 10-Grass in front lawn at Telephone interview of Director stated: -No clients were resided 02/06/18.  The former resident/0 sister facility on 02/06 current facility.  -The Regional Directors | egional Director there are no d at the facility. The last time at the facility was February 6, seed for the following service C 27G .5600C Supervised th Developmental Disabilities.  09/19 of the facility at 0am revealed: lity. e front door or side door. a above ankles in height. In above ankles in height. In above and the facility since of the facili |         |  |    |                          |  |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE