Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		MHL073-037	B. WING		05/1	4/2019					
NAME OF PROVIDER OR SUPPLIER WINHAVEN STREET GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 230 WINHAVEN STREET ROXBORO, NC 27573											
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TION SHOULD BE CO THE APPROPRIATE						
V 000 INITIAL COMMENTS			V 000								
	2019. A deficiency of This facility is licens category: 10A NCA	vas completed on May 14, was cited. sed for the following service C 27G .5600C Supervised h Developmental Disabilities.									
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736								
	failed to ensure factin a clean, safe and findings are: Observation on 5/14 hall revealed: -There was a large bathroom entrance. Observation on 5/14 bathroom on the left-Shower stall was number of the show tiles inside the show the sho	on and interview, the facility illity grounds were maintained attractive manner. The 4/19 at 1:15 p.m. of the left dark stain outside of the 4/19 at 1:20 p.m. of the it hall revealed: nissing a few floor tiles. /mold on the grout between									
	Observation on 5/1/ #1 revealed:	4/19 at 1:25 p.m. of bedroom									

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

(X6) DATE TITLE

Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
		MHL073-037	B. WING		05/	14/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 230 WINHAVEN STREET ROXBORO, NC 27573											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE					
V 736	-There were several Observation on 5/1 on the right side of -Shower curtain roc -There was mildew tiles. Interview on 5/14/15 Coordinator revealed -House was ownedd -Service orders had HUD/ARC. -He was aware of the was aware of the was aware of the was aware of the whole shower shower shower shower shower shower shower rod was awaitition. The was awaitition was awaitition was shower rod was acknowledged.	al dark stains on the carpet 4/19 at 1:35 p.m. of bathroom the hall revealed: d was rusted. /mold on the grout between 9 with the Program ed: by HUD/ARC. d to be requested to the stains on the carpet; they cleaned, but stains returned. the shower conditions. have new tiles put in or re-do tall. d order to have shower area pets. ng response from HUD/ARC. rould be place on bathroom to	V 736								

Division of Health Service Regulation STATE FORM