

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-811</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/23/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A + RESIDENTIAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7609 FIESTA WAY</b> <b>RALEIGH, NC 27615</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 May 23, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</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 interview the failed to ensure the home was maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 5/23/19 at 9:30 AM revealed the following:  <ul style="list-style-type: none"> <li>-A large baseball size hole was in wall in client #1 and #2 bathroom.</li> <li>-Multiple areas in client #1 and #2's bathroom had mildew and dirty baseboards.</li> <li>-Furniture in living area was old and appeared worn with stains present.</li> </ul> </p> <p>During interview on 5/23/19 The Qualified Professional state:  <ul style="list-style-type: none"> <li>-The Licensee is now here for a few months and can complete the repairs.</li> </ul> </p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_