STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		MHL063-005	B. WING		06/	05/2019
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
THE BET	HANY HOUSE, INC		T VERMONT A			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF COF PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow-up survey was completed on June 5, 2019. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
	failed to ensure fac	et as evidenced by: ion and interview, the facility ility grounds were maintained d attractive manner. The				
	downstairs laundry	/19 at about 12:30 p.m. of the area revealed: ge stain on ceiling above				
	kitchen area reveal -Several food/greas lights.	/19 at about 12:33 p.m. of the ed: se stains on ceiling near sky old, rusted and stained.				
	first floor hallway ne	/19 at about 12:37 p.m. of the ext to the stairs: off from the staff's office door.				

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A. BUILDING:			
		MHL063-005	B. WING			R 0 <b>5/2019</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		240 EAS		VENUE		
	HANY HOUSE, INC	SOUTHE	RN PINES, NO	28387		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE	(X5) COMPLE <sup>-</sup> DATE
V 736	Continued From pa	age 1	V 736			
	Observation on 6/5/19 at about 12:40 p.m. of upstairs' bathroom #1 revealed: -Shower curtain had several mold/mildew stains.					
	Observation on 6/5/19 at about 12:43 p.m. of bedroom #1 revealed: -Dresser drawers was missing its handles. -Drawers were hard to open.					
	bedroom #2 reveal	vas missing its handles.				
	bedroom #3 reveal	a knob and a string was used				
	bedroom #4 reveal	/19 at about 12:50 p.m. of ed: e ceiling fan was broken.				
	upstairs' bathroom	i/19 at about 12:53 p.m. of #2 revealed: d several mold/mildew stains.				
	-She was aware dr were broken. -Plan was to get ne -She was aware of	with the Director revealed: awers from resident's rooms w dressers from donations. the water damage stain in the				
	leaks. -Agency was respo	d a new roof placed in due to onsible for maintaining and they brake down as well as				
ision of H		e facility failed to ensure facility				

921C11

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL063-005	B. WING			R 05/2019
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
THE BET	HANY HOUSE, INC		ST VERMONT A ERN PINES, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From page 2		V 736			
	grounds were main attractive and order	tained in a safe, clean, ly manner.				

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