

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-052 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/06/2019 |
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| NAME OF PROVIDER OR SUPPLIER ALAN CIRCLE | STREET ADDRESS, CITY, STATE, ZIP CODE 1222 PEE DEE ROAD ABERDEEN, NC 28315 |
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on June 6, 2019. A deficiency was 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>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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 facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 6/6/19 at 9:45 a.m. kitchen area revealed: -Refrigerator's door handle was broken.</p> <p>Observation on 6/6/19 at 9:50 a.m. the first bedroom to the left revealed: -Window was unable to stay up when opened.</p> <p>Observation on 6/6/19 at 9:55 a.m. of the bedroom on the right side corner revealed: -Dresser drawer had broken handles. -There was a pair of folding doors belonging to the hallway closet inside the room's walk in closet.</p> | V 736 | | |

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| 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>Observation on 6/6/19 at 9:57 a.m. of the hallway revealed: -Closet was open and missing its doors.</p> <p>Observation on 6/6/19 at 10:00 a.m. of the back porch revealed: - An unused cloth reclining chair needing to be discarded.</p> <p>Interview on 6/6/19 with the Residential Coordinator revealed: -He was aware that the window needed to be changed. -Order was going to be placed with the landlord. -Residents were not allowed to seat on the reclining chair outside as it may have had bed bugs. -Reclining chair was to be taken to the dump. -Agency was responsible for doing maintenance for the home -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p> | V 736 | | |