

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2019
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NAME OF PROVIDER OR SUPPLIER PERRY AND ALSTON'S FAMILY CONNECTION	STREET ADDRESS, CITY, STATE, ZIP CODE 1486 DR MARTIN LUTHER KING JR BOULEVARD WARRENTON, NC 27589
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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, complaint and follow up survey was completed on June 14, 2019. The complaint was substantiated (NC00151957). 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>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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 governing body failed to keep the facility in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 6/12/19 at 9:35am revealed:</p> <ul style="list-style-type: none"> - Client #1 and #2's bedroom: <ul style="list-style-type: none"> - an outlet on the wall had no cover plate - ceiling light had no cover - door frame cracked with a nail jutting out slightly - Office door frame cracked and splintered - Living room: <ul style="list-style-type: none"> - 2 cardboard boxes with potatoes in them on the floor - 4 boxes of protective underwear stacked against the wall 	V 736		

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> <ul style="list-style-type: none"> - numerous boxes of hygiene gloves and other supplies on top of a four drawer dresser with miscellaneous junk in the drawers - 4 hardback kitchen chairs facing the television and no regular living room furniture to sit on - a large freezer in the corner of the room - a crack in the wall near the locked medication closet - Hall bathroom: <ul style="list-style-type: none"> - black mold on the caulking in the tub - no cover for the ceiling light - sink drain missing - Client #5 & #6's bedroom: <ul style="list-style-type: none"> - a cracked plastic laundry basket with sharp jagged edges - Throughout the house: <ul style="list-style-type: none"> - walls needed painting - air vents and baseboards were dirty and needed cleaning - the veneer on the wooden doors was cracked and peeling <p>During an interview on 6/12/19, the Licensee reported they had been working on numerous program issues at the facility and would now put needed attention into the physical repairs needed at the facility.</p> <p>[This deficiency has been cited 3 times since the original cite on 7/11/16 and must be corrected within 30 days].</p>	V 736		