

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL038-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2019
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NAME OF PROVIDER OR SUPPLIER THE TWIN OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 536 MOOSE BRANCH ROAD ROBBINSVILLE, NC 28771
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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 and follow up survey was completed on 5/31/19. A deficiency was cited.</p> <p>This facility is licensced for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups/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</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 maintain the building in a clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 5/31/19 at 9:50am of the windows located in the dining room revealed: - Trim around bottom of the left window was crumbling, areas of approximately 9 inches and 10.5 inches, then another area about 3 inches. -Trim around the bottom of the right window was crumbling, areas of 29.5 inches and 10.5 inches. -The areas had the appearance of termite damage, no active pests observed.</p> <p>Interview on 5/30/19 with Staff #1 revealed: -The window trim had been this way for "awhile."</p> <p>Interview on 5/31/19 with the Operations Manager</p>	V 736	<p>DHSR - Mental Health</p> <p>JUN 20 2019</p> <p>Lic. & Cert. Section</p> <p>To correct, ACS submitted a work order to the landowner and contracted repair/service provider. The window trim was repaired on 6/20/2019. Pictures are included.</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Rob France NC Director of Operations Support

6/20/19

6859

K53Q11

If continuation sheet 1 of 2

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V 736	Continued From page 1 revealed: -He acknowledged the damage to the window trim on both windows in the dining room. -The facility had no current work order for repair. -The facility was treated for termites regularly and there were no active pests.	V 736			



