



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL063-052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALAN CIRCLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1222 PEE DEE ROAD ABERDEEN, NC 28315</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 736	Continued From page 1  Observation on 6/6/19 at 9:57 a.m. of the hallway revealed: -Closet was open and missing its doors.  Observation on 6/6/19 at 10:00 a.m. of the back porch revealed: - An unused cloth reclining chair needing to be discarded.  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.	V 736	as noted  V736: Chair Scheduled for removal during the week of 6/24/19 - 6/30/19	8/5/19  6/30/19