Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
MHL012-120		B. WING			R 08/09/2019							
NAME OF F				CTATE ZID CODE	1 00/0	3/2013						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  407 NORTH COLLEGE STREET												
NORTHWOOD GROUP HOME MORGANTON, NC 28655												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE						
V 000 INITIAL COMMENTS		V 000										
	on 8/9/19. A deficie	•										
	category: 10A NCA	sed for the following service C 27G.5600A Supervised s with Mental Illness.										
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736									
	EXTERIOR REQUI (c) Each facility and maintained in a safe	103 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive										
		on and interview the facility ned in a clean, attractive and										
	revealed: -Large circular 1 foo den area2 foot long stain or	facility on 8/8/19 at 3:50pm of by 1 foot stain on carpet in a carpet beside the couch. en area also had round stain										
	on the carpet in fror -Multiple small stair the den area. -Kitchen counter ha burn marks.	nt of it.  ns on the carpet throughout  nd numerous stains as well as										
	therefore it did not of	uld not close completely create a good seal when f the door had burn marks bing										

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		MUI 042 420	B. WING		F							
NAME OF		MHL012-120		274TE ZID 00DE	08/0	9/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  407 NORTH COLLEGE STREET												
NORTHWOOD GROUP HOME MORGANTON, NC 28655												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE						
V 736	Continued From pa	ge 1	V 736									
	Interview on 4/4/19 Manager/Qualified -She was responsible doing their jobs and -She had the carper mechanically cleans would not come upCan't clean the stakitchen counterNone of the clients because the heat comakes the kitchen of scalding the persenter in the main licounters and applia	with the House Professional revealed: ble for making sure staff were I keeping the facility clean. It shampooed and ed several times but the stains ins or burn marks off the I want to use the oven to cook oming from the top of the door very hot as well as possibility										

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