

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/03/2019
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NAME OF PROVIDER OR SUPPLIER HUNTINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 215 DARRELL ROAD LA GRANGE, NC 28551
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was attempted on September 3, 2019. According to the Director of Operations, there are no clients being served at the facility. The last time clients were served at the facility was September 2018.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p> <p>Observation of the facility on 9/3/19 at approximately 1:15 pm revealed a large black snake basking in the driveway, the grass in the front and back yards to be overgrown, and a basketball goal laying in the back yard. Some furniture covered with a thick layer of dust was visible through the back patio door. Approximately 12 inches of dry wall material was missing at the bottom of the wall.</p> <p>During interview on 9/3/19 the Director of Operations stated no clients were being served at the facility. Clients were moved out of the facility prior to the hurricane in September 2018. The facility was in the "final stages of repair." He thought the facility would be "back in operation in the next month." The Licensee had a "waiting list" of clients for the facility. He would notify DHSR when clients were admitted to the facility.</p>	V 000		
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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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