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						
			A. BOILDING.								
		MHL092-559	B. WING	<u> </u>	08/2	8/2019					
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
EAGLE HOME III 5800 BRAMBLETON AVENUE RALEIGH, NC 27610											
(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	INITIAL COMMENTS		V 000								
	August 28, 2019. A This facility is licens	ow Up Survey was completed deficiency was cited.									
		C 27G 5600C Supervised h Developmental Disabilities.									
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736								
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive									
	failed to ensure factin a safe and attractin a safe and attraction on 8/2 -The kitchen floor unipped with a hole at a round the sink. -Air vents missing it bathroom #1 and #1. -Bathroom #1 floor tub. -Client #3's bedroom drawers.	on and interview, the facility illty grounds were maintained tive manner. The findings are: 8/19 at 9:30 a.m. revealed: nder the dishwasher was about 5 inches. Per-top was cracked and broken the dining room, kitchen,									

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		
		MHL092-559	B. WING		08/2	28/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5800 BRAMBLETON AVENUE RALEIGH, NC 27610								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
V 736	-Maintenance has be counter-topAir vents are being back in placeHad not noticed flowork order to maint-Client #3 may need. Interview on 8/28/19 revealed: -Maintenance was a recentlyWill check why the and floor.	peen called to fix the floor and washed and hadn't been put for by the bath tub. Will submit enance. It is a new dresser. It is with Qualified Professional at the home fixing other things by did not fix the counter-top ut vents back in place.	V 736					

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Division of Health Service Regulation STATE FORM

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