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						
		MHL092-868	B. WING		09/0	4/2019					
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
CHERRYWOOD COURT 5321 LOGOS COURT											
OHERRI	WOOD GOOK!	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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE					
V 000 INITIAL COMMENTS			V 000								
		ow Up Survey was completed 9. A deficiency was cited.									
	category: 10A NCA	sed for the following service C 27G .1700 Residential ure for children or adolescents.									
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 the safe and attractive Observation on 9/4/ -Kitchen -Quarter size he -Quarter size he -Microwave fran -2 drawers miss	on and interview, the facility home was maintained in a manner. The findings are: /19 at 1:30 p.m. revealed: ble in the left side wall. ble in the ceiling.									
	-2 trailers in the leavesBathroom #1 -Closet door 2 : -A deep fist size below the nozzleToilet seat pee	e backyard full of branches and a 2 inch hole in bottom. The hole in tub with a long crack									

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 (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL092-868	B. WING		09/0	4/2019			
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-				
CHERRYWOOD COURT 5321 LOGOS COURT 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTION SHOULD BE COMPLETE O THE APPROPRIATE DATE				
V 736	Continued From page 1		V 736						
	-Fist size hole i -Bathtub had de -No light bulbs fixtures. Interview on 9/4/19 -Clients just put the sweeping the floorHe was going to m backyardThey don't use the frame. They use the -Had not removed t cost two hundred d -Agreed the drawer kitchenClients are suppos with staff oversightClients are constant house and damagir -Try to have mainte them. [This deficiency cor	microwave with the broken e one on the counter-top. the old microwave "because it ollars to have it taken out." is needed to be replaced in the sed to clean their bathrooms							

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Division of Health Service Regulation STATE FORM

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