PRINTED: 09/27/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
				A. BUILDING: _									
		MHL032-456		B. WING		R 09/25/2	2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
SECURING RESOURCES FOR CONSUMERS, INC #2 DIBLAM NC 27702													
DURHAM, NC 27703													
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	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									
	An annual and follow-up survey was completed on September 25, 2019. Deficiencies cited.												
	This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities												
V 736	36 27G .0303(c) Facility and Grounds Maintenance		nce	V 736									
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.												
	failed to ensure facility in a safe and attractive. Observation on 9/25/r-There was a hole in the two areas: beneath the hallway. -There was a hole in the beneath the kitchen is -All the bedrooms dreknobs.	n and interview, the faci y grounds were maintai e manner. The findings 19 at 8:15 a.m. revealed the kitchen island. ctrical socket was crack the kitchen island and the the living room carpet	ned are: d: ed in										
	Interview on 9/25/19 v	g and knobs.	oms										
	olth Service Degulation			1	l								

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:									
			B. WING			R						
		MHL032-456			09/	25/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10 MEADOW CREST DRIVE												
SECURING RESOURCES FOR CONSUMERS, INC #2 DURHAM, NC 27703												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)							
V 736	Continued From page	2 1	V 736									
	and kitchen.											
	This deficiency consti and must be correcte	tutes a re-cited deficiency d within 30 days.										

Division of Health Service Regulation

STATE FORM 9X1T11 If continuation sheet 2 of 2