

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-935</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/25/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UPWARD PROCESS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>568 ALLEGHANY ROAD</b> <b>FAYETTEVILLE, NC 28304</b>
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on September 25, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 09/25/19 at approximately 10:00am revealed: -The carpet was soiled and dirty throughout the facility. -The bathroom to the left of the hall a piece of wood was behind the toilet with two long screws protruding from the board. The sheet rock behind the first sink was patched and worn looking. The second toilet had peeling paint and exposed sheet rock. The second sink was corroded and molded around the two faucets. Behind the door that led to the bathtub/shower had exposed sheetrock and mold around the corners of bathtub next to the floor. -The small door at the end of the hallway with a</p>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	Continued From page 1  lock had a large patched area.  During interview on 09/25/19 the Licensee revealed: -The facility was rented and it was difficult to get the landlord to complete repairs to the facility.	V 736		