

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/21/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VOCA - DELLINGER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>310 TOT DELLINGER ROAD</b> <b>CHERRYVILLE, NC 28021</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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 10-21-19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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 interview and observation, the facility was not maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 10-21-19 at approximately 10:15am of the exterior of the facility revealed: -Old dryer on the edge of driveway with dead grass underneath, tall grass growing around it, and rust on top; -Broken wooden picnic table with exposed rusty nails pointing upward in the backyard; -Decayed wooden trim around the corners of the garage; -Decayed and warped wooden handrail on the wheelchair ramp leading to the front door.</p> <p>Observation on 10-21-19 at approximately 1:00pm of the interior of the facility revealed: -Brown leather recliner with torn and worn</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <p>upholstery in the living room; -Heating and air conditioning return vent in the hallway was completely covered in dust; -A broken curtain rod on right hand side window in Client #1's bedroom resulted in the draperies hanging on the floor; -Cobwebs located on the top of the walls, at ceiling, throughout Client #1's bedroom; -Black markings located on the exterior of Client #1's bedroom door; -2-inch hole located in the exterior of Client #3's bedroom door.</p> <p>Interview on 10-21-19 with the House Manager revealed: -New maintenance company started on 10-4-19 and have not made any visits to the facility yet; -She drives a truck and will be hauling the dryer and the picnic table to the dump; -She will be completing work orders to have the bedroom doors repaired, curtain rod repaired, and the handrail repaired; -High dusting of Client #1's bedroom and cleaning of the heating and air conditioning return vent will be completed immediately.</p> <p>Interview on 10-21-19 with the Program Manager revealed: -All the maintenance concerns will be followed up on by the new maintenance department; -The House Manager will have the interior cleaning handled as soon as possible.</p>	V 736		