

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-686</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 09/19/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VICTORY HEALTHCARE SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3716 SUMMER PLACE RALEIGH, NC 27604</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>A complaint and follow-up survey was completed 09/19/19. Complaint Intake #NC00154645 was substantiated. 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><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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: Observation on 09/12/19 at 3:30 PM revealed: -Downstair's bedroom-sunken mattress on bed occupied by client -Upstairs first room on left- food in client bedroom-cluttered, clothes in corner on floor in a pile, Closet door plaster coming off -Upstairs second room on left- dust, blinds dirty, suken mattress. -Upstairs room on right occupied by two clients-had a strong smell of cigarette smoke &amp; body odor..bathroom missing light bulbs in vanity causing poor lighting and haazrd potential with open sockets, dresser in poor condition -Deck/emergency egress on second level dirty mixed with some molding causing potential slip/fall hazard if wet. Hole noted in siding near the roof of the building which could house medium size pest.</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	<p>Continued From page 1</p> <p>During interviews between 09/12/19 and 09/19/19, The licensee stated:</p> <ul style="list-style-type: none"> <li>-Not aware of the issues regarding the bedding for the clients.</li> <li>-He felt the odor from the clients room came from undried clothes sitting in the closet. He would address with client and staff</li> <li>-Prior to this interview, he was not aware of the concern regarding the hole in the siding near the roof.</li> </ul> <p>[This deficiency constitutes a recited rule area for the fourth time since 2017 and must be corrected within 30 days.]</p>	V 736		