

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL071-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/07/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LOTUS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>224 ISLAND CREEK ROAD</b> <b>ROCKY POINT, NC 28457</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 November 7, 2019. 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 observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 11/07/19 of the facility at 2:52 pm revealed:</p> <ul style="list-style-type: none"> <li>-Kitchen: <ul style="list-style-type: none"> <li>-A door to the cabinet on the top row was missing and pull out drawer on the bottom row was missing.</li> </ul> </li> <li>-Client #1's room and bathroom: <ul style="list-style-type: none"> <li>-Gray colored ring around water in toilet.</li> <li>-Rust colored stains on all water fixtures.</li> <li>-Multiple areas of unfinished/unpainted wall patches.</li> </ul> </li> <li>-Hall bath <ul style="list-style-type: none"> <li>-Rust colored stains on all water fixtures.</li> <li>-No bulbs in light fixture above sink.</li> <li>-No base board by sink, next to door.</li> </ul> </li> </ul>	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> <ul style="list-style-type: none"> <li>-Crack in wall near outlets, at door way.</li> <li>- Living Room</li> <li>-Multiple areas of unfinished/unpainted wall patches.</li> </ul> <p>Interview on 11/07/19 the Director stated:</p> <ul style="list-style-type: none"> <li>-The damage to walls in kitchen and client #1's room were a result of client #1's behaviors.</li> <li>-The facility were in the process of obtaining county water and would not continue to have issues with rust build up in the water from the use of well water.</li> <li>-The facility was still undergoing renovations.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		