Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		D C		
		MHL032-243	B. WING		R-C <b>11/06/2019</b>		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HOUSE	OF CARE, INC		KE ELTON RO I, NC 27713	DAD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
		,					
	category: 10A NCA	sed for the following service C 27G.5600C Supervised h Developmental Disabilities.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	failed to ensure fac in a safe, clean, att kept free from offer	et as evidenced by: on and interview, the facility ility grounds were maintained ractive, orderly manner and nsive odor. The findings are: 6/19 at approximately 11:35					
	AM of the facility re -Kitchen area-There on the floor. There baseboards. The ve rusted. The trash ca leading into kitchen had a loose door ha drip pans were rust food debris and a g cover was missing	vealed the following issues: e was a orange rust like stain was a build up of dust on the ent cover on the floor was an was faded. The door frame had peeling paint. The stove andle, loose burners, all four ed out and the hood vent had rease like substance. The to the ceiling light fixture. imately 12 pieces of mice					

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

(X6) DATE TITLE

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			A. BUILDING:	<del></del>	R-	_
		MHL032-243	B. WING			6/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HOUSE	OF CARE, INC		E ELTON RO	DAD		
	1		NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 1	V 736			
V 750	feces in the cabinet -Den area-Floor land shade. Ceiling had a crack approximate baseboards had a land portion of the walls -Client #1's bedroor peeling paint. There dark spots on it. Be marks, black marks bottom. The curtain and had dirt stains -Bathroom #1-The mirror had a build upeeling paint and a shower head had a shower walls had be had black marks or paint, scuff marks or paint, scuff marks or paint, scuff marks a door had dirt stains -Client #3's bedroor There was a crack and one half feet lo the ceiling. The drewere peeling on top-Client #2's bedroor musty odor. The ca There was a set of black stains on the dresser were peelinhad brownish stains -Bathroom #2-Therewere dirt like stains on the floor was rusure literview with Qualirevealed:  -The Licensee renter -The Licensee -The Licensee renter -The Licensee	near the sink.  Inp had a cracked plastic black marks, peeling paint and ely three feet long. The build up of dust. The lower had black scuff marks.  In-Wall had black marks and e was a urine odor. Carpet had droom door had dirt like s and cracked towards the s to the window were faded on them.  Wooden frame around the p of dust. The wall had yellowish substance on it. The build up of debris. The rownish stains. The ceiling it. The door frame had faded and dirt stains. The bathroom and black marks.  In-The carpet had dark marks. In the wall approximately one ing. There were dark stains on sser and chest of drawers  In-There was a urine and rpet was stained and torn.  Broken blinds. There were wall. The nightstand and ing on top. The bedroom door s. In was a urine smell. There on the wall. The vent cover sted  If it Professional on 11/6/19				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-243	B. WING		R- <b>11/0</b>	C <b>6/2019</b>
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1170	0/2010
			E ELTON RO			
поозе	OF CARE, INC	DURHAM,	NC 27713			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 2	V 736			
V-700	-They had been goi landlord about the r issues with the hom-She was not aware cleanliness of the h-The Assistant Direct someone to clean the She thought client due to her incontined a safe, clean, attractive of offensive odd	e of the issues with the ome. ctor had just recently hired the home. #1's room smelled like urine ence. facility was not maintained in ctive, orderly manner and kept or.				
V 738	27G .0303(d) Pest	Control	V 738			
	<b>EXTERIOR REQUI</b>	03 LOCATION AND REMENTS e kept free from insects and				
		et as evidenced by: on and interview the facility ain a rodent free environment.				
	AM of the facility's k	6/19 at approximately 11:35 citchen area revealed: cimately 12 pieces of mice near the sink.				
	11/6/19 revealed:	eualified Professional on successions successive success				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-243	B. WING		R- <b>11/0</b>	.C <b>6/2019</b>
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
HOUSE OF CARE, INC 5800 LAKE ELTON ROAD DURHAM, NC 27713						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 738	-Staff just recently to attention again about the work told the kitchen cabinetThe mice were post through those holesThe holes were repattentionShe knew staff four the kitchen cabinetsShe thought staff of droppings.	prought the issue to her ut a month ago. re were holes underneath the essibly getting into the home is paired once that came to their and some mice droppings in is. got rid of all the mice	V 738			

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