

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDWARDS GROUP HOME #4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1269 APPLETREE ROAD</b> <b>STANTONSBURG, NC 27883</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 on December 11, 2019. The complaint was substantiated (intake #NC00158007). 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><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: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner and free of offensive odor. The findings are:</p> <p>Observation on 12/11/19 at approximately 1:49pm revealed:</p> <ul style="list-style-type: none"> <li>- The front porch had a broken cement seat.</li> <li>- The living room linoleum was worn in several areas. A baseball sized white patched area on the wall.</li> <li>- A hallway smoke detector emitted a chirping sound approximately every 35 seconds indicating a battery was needed.</li> <li>- The dining room area had a torn area of linoleum and a baseball sized white patched area.</li> <li>- Several flies were in the kitchen area.</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>- Client #1's bedroom had 6 broken slats in the window blind. The bathroom had one light bulb that did not work.</li> <li>- Client #2's bedroom revealed light stains throughout the walls. The bathroom had one of two overhead lights which worked.</li> <li>- Client #3 and #6's bedroom had a strong smell of urine and a crack in the window. The bathroom had two of four lights that did not work.</li> <li>- Client #4 and #5's bathroom had an approximately 2 foot by 2 foot unpainted patched area on the wall. The shower did not have a curtain.</li> <li>- The hallway air return vent was soiled.</li> </ul> <p>Interview on 12/11/19 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- She was in the process of having new laminate floors put down in the living room.</li> <li>- The smoke detector needed a battery but the facility had additional safety measures in the event of a fire.</li> <li>- The urine smell in client #3 and #6's bedroom was because they had not flushed the toilet.</li> <li>- She had a repair person at the sister facility and would have repairs completed.</li> <li>- Client #1's window blind had recently been replaced. She was planning to put a curtain in his window.</li> <li>- Clients go in and out of the facility and this let in flies at times.</li> </ul> <p>This deficiency has been cited 7 times since the original cite on 6/4/14 and must be corrected within 30 days.</p>	V 736		