T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	· /	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
	MHL040-027	B. WING			R 12/11/2019	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
S GROUP HOME #4		-				
(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	ION SHOULD BE COMPLE		
REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG			DATE	
INITIAL COMMENT	ſS	V 000				
A complaint and follow up survey was completed on December 11, 2019. The complaint was substantiated (intake #NC00158007). A deficiency was cited.						
category: 10A NCA	C 27G .5600A Supervised					
27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
EXTERIOR REQUI (c) Each facility and maintained in a safe	REMENTS I its grounds shall be e, clean, attractive and orderly	,				
Based on observati was not maintained	on and interview, the facility in a safe, clean, attractive					
1:49pm revealed: - The front porch ha - The living room lin areas. A baseball si wall.	ad a broken cement seat. holeum was worn in several ized white patched area on the	e				
sound approximate a battery was need - The dining room a linoleum and a base	ly every 35 seconds indicating ed. area had a torn area of eball sized white patched area					
	OF CORRECTION PROVIDER OR SUPPLIER DS GROUP HOME #4 SUMMARY STA (EACH DEFICIENCY REGULATORY OR L: INITIAL COMMENT A complaint and fol on December 11, 2' substantiated (intak deficiency was cited This facility is licens category: 10A NCA Living for Adults wit 27G .0303(c) Facili 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observati was not maintained and orderly manner The findings are: Observation on 12/ 1:49pm revealed: The front porch ha The living room lir areas. A baseball si wall. A hallway smoke of sound approximate a battery was need The dining room a linoleum and a base	OF CORRECTION       IDENTIFICATION NUMBER:         MHL040-027         PROVIDER OR SUPPLIER       STREET A         PS GROUP HOME #4       1269 AP         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         INITIAL COMMENTS         A complaint and follow up survey was completed on December 11, 2019. The complaint was substantiated (intake #NC00158007). A deficiency was cited.         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.         27G .0303(c) Facility and Grounds Maintenance         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.         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:         Observation on 12/11/19 at approximately 1:49pm revealed: - The front porch had a broken cement seat. - The living room linoleum was worn in several areas. A baseball sized white patched area on the wall. - A hallway smoke detector emitted a chirping sound approximately every 35 seconds indicating a battery was needed. - The dining room area had a torn area of	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL040-027       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         PS GROUP HOME #4       1269 APPLETREE ROD STANTONSBURG, NC         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       V 000         A complaint and follow up survey was completed on December 11, 2019. The complaint was substantiated (intake #NC00158007). A deficiency was cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.       V 736         27G .0303(c) Facility and Grounds Maintenance       V 736         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.       V 736         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:       Observation on 12/11/19 at approximately 1:49pm revealed: The front porch had a broken cement seat. The living room linoleum was worn in several areas. A baseball sized white patched area on the wall. - A hallway smoke detector emitted a chirping sound approximately every 35 seconds indicating a battery was needed. The dining room area had a torn area of linoleum and a baseball sized white patched area.	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL040-027       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         1269 APPLETREE ROAD STANTONSBURG, NC 27833       PROVIDER'S PLAN OF (EACH OBEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PRETX TAG       PROVIDER'S PLAN OF (EACH CORRECTIVE ACI CROSS-REFERENCE TO DEFICIENCY TAG         INITIAL COMMENTS       V 000       V 000         A complaint and follow up survey was completed on December 11, 2019. The complaint was substantiated (intake #NCOOLS007). A deficiency was cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.       V 736         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.       V 736         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:       Note offensive odor. The findings are:         Observation on 12/11/19 at approximately 1:49pm revealed: - The ford proch had a broken cement seat. - The find proch had a broken cement seat. - The find proch marea had a torn area of linoleum and a baseball sized white patched area on the wall. - A halway smoke detector emitted a chirping sound approximately every 35 seconds indicati	OF CORRECTION       DENTIFICATION NUMBER:       A BUILDING:       127         PROVIDER OR SUPPLER       STREET ADDRESS. CITY, STATE, ZIP CODE       128         SGROUP HOME #4       1289 APPLETREE ROAD       STANTONSBURG, NC 27883         SUMMARY STATEMENT OF DEFICIENCES       ID       PROVIDER'S PLAN OF CORRECTIVE ACTION SHULD BE         (EACH DEFICIENCY MUST BE PRECEDED BY FULL       PREFX       CROWER CITY ACTION PARATION)         INITIAL COMMENTS       V 000       V 000         A deficiency was cited.       This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.       V 736         27G .0303 (C) Facility and Grounds Maintenance       V 736         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS       V 736         C(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.         Observation on 12/11/19 at approximately       1:49pm revealed:         - The living room incloeuw was worn in several areas. Abaseball sized white patched area on the wall.       - The Indings area         - A halway smoke detector emited a chirping sound approximately every 35 seconds indicating a battery was neceded.       - The living room area	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:				
		MHL040-027				R 12/11/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
DWAR	DS GROUP HOME #4		PLETREE ROA NSBURG, NC				
(X4) ID		TEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN		()		
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 736	Continued From page 1		V 736				
	<ul> <li>window blind. The k that did not work.</li> <li>Client #2's bedrood throughout the walls two overhead lights</li> <li>Client #3 and #6's of urine and a crack had two of four light</li> <li>Client #4 and #5's approximately 2 foo area on the wall. The curtain.</li> <li>The hallway air reference of the track o</li></ul>	bedroom had a strong smell is in the window. The bathroom its that did not work. bathroom had an of by 2 foot unpainted patched he shower did not have a turn vent was soiled. 19 the Licensee/Qualified : pocess of having new laminate he living room. for needed a battery but the al safety measures in the client #3 and #6's bedroom had not flushed the toilet. person at the sister facility and					

STATE FORM

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