

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-160	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2019
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NAME OF PROVIDER OR SUPPLIER AMAT GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 906 EAST PROSPECT AVENUE RAEFORD, NC 28376
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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>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on December 13, 2019. The complaint was unsubstantiated (Intake #NC00158371). Deficiencies were 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>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <ul style="list-style-type: none"> -Observation on 3/12/19 at 10:06 AM of the kitchen area revealed: <ul style="list-style-type: none"> - Cabinet's top second drawer from the left was not aligned in place and was out of track. - Sink was stained and being used to thaw frozen, raw chicken. Observation on 3/12/19 at 10:20 AM of bedroom to the right of the hallway revealed: <ul style="list-style-type: none"> - Window sills in all rooms contained visible dirt and dust and needed cleaning. - Window in bedroom to left front upon entry to 	V 736		

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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>the facility would not fully close, allowing outside cold air to enter room. Window also could not be locked as top and bottom frame did not meet together.</p> <p>Observation on 3/12/19 at 4:20 AM of garage-converted bedroom to the right of the kitchen revealed: - Both wardrobes/cabinet's for storage of client's clothing had loose doors with the door on one cabinet disconnected and completely loose from the top and right side of the unit.</p> <p>Observation on 3/12/19 at 10:25 AM of bathroom located in the hallway revealed: - Bathtub and shower stall had mildew/mold around the edges and on the tile. -Wall next to the toilet had several dark stains.</p> <p>Observation on 3/12/19 at 10:27 AM of the hallway between two bedrooms revealed: - Carpet in bedroom to the right backside of the facility was stained and/or contained large spots were the color was removed as if bleached. - Baseboards and areas behind beds in both bedrooms on right side of facility contained visible dirt, dust and debris.</p> <p>Interview on 3/12/19 with the Licensee revealed: -She was aware of the above problems. - The facility is a rented facility and she has placed work orders for several items such as cleaning of the carpets and painting of walls. - She plans to make some of the repairs herself so the facility will be maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		