PRINTED: 12/16/2019 FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                            | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   |   | (X3) DATE SURVEY<br>COMPLETED |  |
|--|--|---|----------------------------|--|---|---|-------------------------------|--|
|  |  |   | B. WING                    |  |   | R   |                               |  |
|  |  | MHL032-390  |                            | D. WING                                  | ······································  | 12/   | 12/2019                       |  |
| NAME OF F  | PROVIDER OR SUPPLIER   |   |                            | , ,                                      | STATE, ZIP CODE   |   |                               |  |
| COMMUNITY CHOICES, INC - CASCADE AT DU  1801 WILLIAMSBURG ROAD, APARTMENT F DURHAM, NC 27707 |  |   |                            |  |   |   |                               |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   |                            | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF C<br>(EACH CORRECTIVE ACTION<br>(EACH CORRECTIVE ACTION<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EACH)<br>(EA | CTIVE ACTION SHOULD BE<br>ICED TO THE APPROPRIATE |                               |  |
| V 000  | V 000 INITIAL COMMENTS   |   |                            | V 000                                    |   |   |                               |  |
|  | on December 12, 2  This facility is licens category: 10A NCA   | w-up survey was com<br>019. Deficiencies wer<br>sed for the following so<br>C 27G .4100 Therape<br>als With Substance Al<br>r Children. | e cited.<br>ervice<br>utic |  |   |   |                               |  |
| V 736  | 27G .0303(c) Facility and Grounds Maintenance  |   |                            | V 736                                    |   |   |                               |  |
|  | EXTERIOR REQUI<br>(c) Each facility and<br>maintained in a safe  | 803 LOCATION AND<br>REMENTS<br>I its grounds shall be<br>e, clean, attractive and<br>e kept free from offen                             |                            |  |   |   |                               |  |
|  | failed to ensure faci  | et as evidenced by:<br>on and interview, the<br>ility grounds were mai<br>I attractive manner. Th                                       | ntained                    |  |   |   |                               |  |
|  | #24F revealed: -Blinds from sliding missing a few pane -Counter top in kitcl -Handrail leading to -Walls were dirty/so -Closet doors in ups were off and placed -Air Conditioning re | hen was chipped/peel<br>o upstairs was lose.<br>cratched.<br>stairs bedroom at the  | were ing off.              |  |   |   |                               |  |
|  | apartment #24E rev   |   |                            |  |   |   |                               |  |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                          |            |                     | E CONSTRUCTION                                  |  | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|---|------------|---------------------|---|--|-------------------------------|--|
|   |  |   |            | P WINC              |   |  | ₹                             |  |
|   |  | MHL032-390  |            | B. WING             |   | 12/  | 12/2019                       |  |
| NAME OF I   | PROVIDER OR SUPPLIER   |   |            |                     | STATE, ZIP CODE                                 |  |                               |  |
| COMMU   | COMMUNITY CHOICES, INC - CASCADE AT DU 1801 WILL DURHAM,   |   |            |                     | ROAD, APARTMENT F                               |  |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   |            | ID<br>PREFIX<br>TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | S PLAN OF CORRECTION<br>CTIVE ACTION SHOULD BE<br>NCED TO THE APPROPRIATE<br>DEFICIENCY) |                               |  |
| V 736   | Continued From page 1  |   |            | V 736               |   |  |                               |  |
|   | -Walls were dirty/scratchedCarpet was dirty/stainedKitchen cabinets were missing handles.  Observation on 12/9/19 at 12:38 PM of apartment #1M revealed: -Walls were dirty/scratched.  Observation on 12/9/19 at 12:45 PM of apartment #3C revealed: -Walls were dirty/scratched.  Observation on 12/9/19 at 12:55 PM of apartment #3E revealed: -Blinds from sliding door in kitchen area were missing a few panels.  Observation on 12/9/19 at 1:05 PM of apartment #4E revealed: -Walls were dirty/scratched. |   |            |                     |   |  |                               |  |
|   |  |   |            |                     |   |  |                               |  |
|   |  |   |            |                     |   |  |                               |  |
|   |  |   |            |                     |   |  |                               |  |
|   |  |   |            |                     |   |  |                               |  |
|   | Observation on 12/9/19 at 1:15 PM of apartment #5C revealed: -Counter top in kitchen was chipped/peeling off.  |   |            |                     |   |  |                               |  |
|   | Observation on 12/9/19 at 1:23 PM of apartment #17B revealed: -There was a baseball size hole on the wall behind entrance door.  |   |            |                     |   |  |                               |  |
|   | #17D revealed: -Counter top in kitc  | 9/19 at 1:30 PM of a<br>hen was chipped/pee<br>door in kitchen area<br>els. | eling off. |                     |   |  |                               |  |
|   | Supervisor revealed  | 9 with the Residentia<br>d:<br>charge of maintainin                         |            |                     |   |  |                               |  |

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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:   |  |                         | (X3) DATE SURVEY<br>COMPLETED   |                                   |                          |
|--|---|--|--|-------------------------|---|-----------------------------------|--------------------------|
|  |   | MIII 000 000   |  | B. WING                 |   |                                   | ₹                        |
|  |   | MHL032-390   |  | B. WINO                 |   | 12/                               | 12/2019                  |
| NAME OF PROV   | IDER OR SUPPLIER  |  |  |                         | STATE, ZIP CODE   |                                   |                          |
| COMMUNITY  | CHOICES, INC -  | CASCADE AT DU  |  | LIAMSBURG<br>, NC 27707 | ROAD, APARTMENT F   |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY F<br>SC IDENTIFYING INFORMAT   | ULL  | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| -Reage<br>-Reage<br>-Reage<br>-Reage<br>-Lea<br>-Lea<br>-Age<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas<br>-Shas | ency. esidents were su re was anything rasing company v intenance. gency would infor eded to be repair he was not aware she had not bee eeded to be fixed he would contact out needed thing rasing company to fix things in the he acknowledged | ren cleaning supplies ren cleaning supplies pposed to inform age wrong at the apartme was in charge of doin rm leasing company of red and they would fix e of some of the thing n informed by the res d/repaired. leasing agency to informed to be fixed. did a very good job in | ency if ent. g of things them. s cited ident that orm coming | V 736                   |   |                                   |                          |

Division of Health Service Regulation STATE FORM

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