

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**

(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 736	Continued From page 1 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. 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. 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. 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. 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. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736 V 736 V 736 V 736 V 736 V 736	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. orders to be placed immediately and be done by licensee immediately. - Both wardrobes/cabinet's for storage of client's clothing had loose doors with the door on one cabinet disconnected and completely loose from top and right side of the unit. repairs must be done immediately by licensee. - Bathtub and shower stall had mildew/mold around the edges and on the tile. - wall next to the toilet had dark stains. QP will monitor biweekly. - 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. QP monitor biweekly. - Base boards and areas behind beds in both bedrooms on right side of facility contained visible dirt, dust and debris. will be monitored biweekly. - The facility is a rented facility and placed orders. - cleaning of the carpet - carpet was replaced All repairs was done and completed.	12/15/19 12/23/19 12/15/19 12/23/19 12/23/19 12/23/19 12/23/19

DHSR-Mental Health

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Lic. & Cert. Section

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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V 000	INITIAL COMMENTS An annual, complaint and follow-up survey was completed on December 13, 2019. The complaint was unsubstantiated (Intake #NC00158371). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 736	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 interviews, the facility failed to assure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: -Observation on 3/12/19 at 10:06 AM of the kitchen area revealed: - 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: - Window sills in all rooms contained visible dirt and dust and needed cleaning. - Window in bedroom to left front upon entry to	V 736	<i>VT36 - cabinet's top second drawer from left was not aligned in place and was out of track - Sink was stained and being used to thaw frozen raw chicken. Stuff to thaw chicken in the refrigerator.</i>	<i>12/23/19 12/13/19</i>

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

TITLE

(X6) DATE

Sandage GR 12/23/19

STATE FORM: REVISIT REPORT

DHSR - Mental Health

JAN 3 2020

Lic. & Cert. Section

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL047-160	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/13/2019
NAME OF FACILITY AMAT GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 906 EAST PROSPECT AVENUE RAEFORD, NC 28376	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0117	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0209 (B)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/13/2019	LSC		LSC	
ID Prefix ✓ 736	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G.0303(c)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/23/19	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) MMC	DATE 12/13/19	SIGNATURE OF SURVEYOR <i>Maryland M. Chenier</i>	DATE 12/13/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/12/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		