

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-100</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COURTLAND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 COURTLAND DRIVE JACKSONVILLE, NC 28546</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>An annual survey was completed on January 15, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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 observations and interviews the facility was not maintained in a safe, clean, orderly manner and free from offensive odor. The findings are:</p> <p>Observations of the facility on 1/15/20 at approximately 9:30 am revealed:</p> <ul style="list-style-type: none"> <li>- The garage to be extremely cluttered with various items including stored Christmas decorations, a toy tractor, and furniture items. A cleared path approximately 45 inches wide from the garage door to the kitchen entrance door.</li> <li>- A slight dog odor was apparent upon entrance to the facility and was noted to be stronger in the living room.</li> <li>- Surfaces in the kitchen were cluttered.</li> <li>- An open can of what appeared to be used bacon grease was on the counter between the stove and sink.</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>- A tube of Voltaren Gel and a package of blue incontinent pads were on the dining table.</li> <li>- Particulate matter on the floors throughout the facility; carpeted steps inside the facility had small mats of dog hair.</li> <li>- The carpeted step from the dining room into the living room was uneven as if the edge was worn.</li> <li>- Dirty dog beds, coated with dog hair, in the living room; a portable plastic fence contained dog beds and a dirty pet food bowl.</li> <li>- A chest of drawers in client #2's bedroom had a broken drawer front.</li> <li>- The tub in the upstairs bathroom was slow to drain.</li> </ul> <p>During telephone interview on 1/15/20 the Director stated she owned several dogs that lived inside the facility. Records of the dogs' immunizations were not immediately available for review, but she could provide them to the surveyor via fax. She had carpeting removed and new flooring installed in the facility in the last year.</p> <p>During interview on 1/15/20 the Operations Director stated the facility was the Director's private residence. There was some clutter in the garage. He understood the requirement for the facility to be maintained in a safe, clean, orderly manner and free from offensive odors. He would discuss the requirement with the Director.</p>	V 736		