

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/14/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDWARDS GROUP HOME #4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1269 APPLETREE ROAD</b> <b>STANTONSBURG, NC 27883</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>A complaint and follow up survey was completed on January 14, 2020. One complaint was substantiated (intake #NC00159845) and two complaints were unsubstantiated (intake #NC00159916 and NC00159955).</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><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 observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 1/14/20 of the facility at approximately 4:28pm revealed: -Client #1's bedroom had 11 stained areas on the walls. The bathroom had a rusty floor vent and one light bulb did not work. -The hallway air return vent was bent and rusty. -Client #5's closet had a large pile of soiled clothes on the floor. The top drawer in client # 5's nightstand had several snack wrappers and bugs in it. The floor vent was rusty. -Client # 4's bedroom door had a hole approximately 6 inches long in it. The bathroom</p>	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>had a broken toilet paper holder. The bathroom sink had a black substance on the surface.</p> <ul style="list-style-type: none"> <li>-Client #2's double pane window had a crack on the outside.</li> <li>-Client #6's closet had clothes scattered on the floor.</li> <li>-Inside of microwave covered in dark brown stains.</li> <li>-Uncooked rice spilled on top of cabinet in the kitchen.</li> <li>-Broken tile on living room floor.</li> </ul> <p>Interview on 01/14/20 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-Client #5's clothes in his closet were going to be washed.</li> <li>-Client #4 uses black dye and she would address the sink in his bathroom.</li> <li>-Clients and staff had made a lot of progress in addressing the facility and ground issues identified.</li> </ul> <p>This deficiency has been cited 7 times since the original cite on 6/4/14 and must be corrected within 30 days.</p>	V 736		