Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
MHL094-007		B. WING		R-C <b>01/24/2020</b>								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
A PLUS RESULTS INDEPENDENT LIVING INC  102 WEST WATER STREET PLYMOUTH, NC 27962												
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE							
V 000	INITIAL COMMENTS		V 000									
	on 1/24/2020. The (intake #NC001589) This facility is licens categories: 10A NC											
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736									
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive										
	Licensee failed to e maintained in a safe findings are:  Observation on 1/2  -Missing tiles in  -Tile floor in me  -Chirping smok building.  -Multiple fly striflies on them.  -Water ceiling s	et as evidenced by: view and interview the ensure the facility was e, attractive manner. The  1/2020 at 11:00 AM revealed: h hallway ceiling. en's bathroom ripped. de detectors throughout the ps hanging down with dead estains throughout building. so smoking area had metal										
		anging from the ceiling.										

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			COMPLETED							
MHL094-007			B. WING			R-C <b>01/24/2020</b>						
NAME OF PROVIDER OR SUPPLIER  A PLUS RESULTS INDEPENDENT LIVING INC  STREET ADDRESS, CITY, STATE, ZIP CODE  102 WEST WATER STREET  PLYMOUTH, NC 27962												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION  CH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X  COMI							
V 736	During interview on stated:  -The building is not good about fixir -The fly strips was bad and this was -There had bee was repaired.  -The outdoor at the landlord's area.	1/21/20 The Program Director very old and the landlord is ag repairs. Were up because they had flies an attempt to reduce that. In some leaks, but the roof rea is not an area they rent, it and that can touch that. King to relocate to a different	V 736									

Division of Health Service Regulation