Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
				В.О.							
		MHL094-007	B. WING		R-C 01/24/2020						
NAME OF P	ROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE							
102 WEST WATER STREET											
A PLUS RESULTS INDEPENDENT LIVING INC PLYMOUTH, NC 27962											
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION										
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)							
V 000	INITIAL COMMENTS		V 000								
	on 1/24/2020. The	ow up survey was completed complaint was substantiated 27). A deficiency was cited.									
,	categories: 10A NC										
V 736	27G .0303(c) Facility	y and Grounds Maintenance	V 736								
	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.			DHSR - Mental Health							
				FEB 0 6 2020							
				Lic. & Cert. Section							
	Licensee failed to en	iew and interview the									
	Observation on 1/21 -Missing tiles in I	/2020 at 11:00 AM revealed: nallway ceiling.		A Plus Results will: -coordinate with the owner of the building to contract with a repair per to put tiles where missing in the halls ceiling;							
	-Tile floor in men	's bathroom ripped.		-coordinate with the owner of the building to contract with a repair per to repair the ripped tile floor in the m bathroom							

-Chirping smoke detectors throughout the building.		February 3, 2020					
-Multiple fly strips hanging down with dead flies on them.	The state of the s	February 3, 2020					
-Water ceiling stains throughout building.		February 28, 2020					
-Outdoor path to smoking area had metal pieces and wires hanging from the ceiling.		March 20, 2020					
	attractive, in an orderly manner and free from offensive odor. If during these reviews issues are identified, Mr. Norman is responsible for coordinating any needed repairs.						
Division of Health Service Regulation	ATURE						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE							
Mariga B. Brothers	Om Dieter 2/3/2020						

STATE FORM

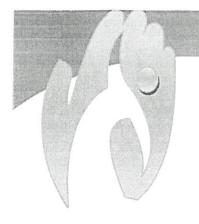
OOBE11 6899

If continuation sheet 1 of 2

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET A PLUS RESULTS INDEPENDENT LIVING INC PLYMOUTH, NC 27962 [X4) ID PREFTX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE APPROPRIA			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
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Division of Health Service Regulation



SAIOP, SACOT, PSR, IDD INNOVATIONS, CST, ASSESSMENTS, MEDICATION MANAGEMENT, INDIVIDUAL AND FAMILY THERAPY, COMPREHENSIVE CLINICAL ASSESSMENTS, INTENSIVE IN-HOME

A PLUS RESULTS INDEPENDENT LIVING, INC.

Mailing Address:

P.O. Box 685 123 East Water Street Plymouth, NC 27962 252.793.6500/252.793.2337 (f)

February 3, 2020

MH Licensure & Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718 DHSR - Mental Health

FEB 0 6 2020

Lic. & Cert. Section

To Whom It May Concern:

Please find attached A Plus Results Independent Plan of Correction.

If you should have any questions, please contact Marilyn Brothers at 919.740.9435.

Thank you for your help.

Sincerely,

Marilyn B. Brothers, RHIA

Margo B. Brothers, RHIA

QM Director