Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		MHL064-093	B. WING		02/2	4/2020						
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, STATE, ZIP CODE									
781 HAGGERTY TRAIL												
BTW HOME CARE SERVICES III ROCKY MOUNT, NC 27803												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE						
V 000 INITIAL COMMENTS		V 000										
	An Annual and Folk on 2/24/20. A Defici	ow up survey was completed iency was cited.										
		sed for the following service C 27G .5600A Supervised h Mental Illness.										
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736									
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive										
	was not maintained and orderly manner  Observations on 2/ 11:30 am revealed broken freezer in the cooking grease in a	on and interview, the facility in a safe, clean, attractive. The findings are:  18/20 between 11:00 am and the following:										
	stovestove vent broken -food residue and u refrigerator -food crumbs and s floorstrong smell of ciga	hanging down. Incovered food in the Itains on kitchen table and Incovered food in the Itains on kitchen table and										

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		MHL064-093	B. WING		02/2	4/2020					
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, STATE, ZIP CODE								
BTW HOME CARE SERVICES III 781 HAGGERTY TRAIL ROCKY MOUNT, NC 27803											
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE						
V 736	-hallway bathroom stains and mildew stains and m	shower/bathtub dirty with spots.  O at 1:00pm staff #1 reported: but 3 months will need to be so smoke in the home. ed to cook last week. broken. laced but she hadn't reported buse weekly.  O at 4:30pm client #1 reported: so smoke in the home. He on Saturday mornings. window and sometimes the smell like cigarette smoke. Week on Saturday mornings. en broken from "when I have low."  O at 5:00pm client #3 reported: cigarette smoke in the home.	V 736								

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