STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-055			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.					
		B. WING			R 03/02/2020		
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE				
воотн р	ROAD GROUP HOME		OTH ROAD				
		CHAPEL	. HILL, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
∨ 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on March 2, 2020. Deficiencies were 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	803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,				
	failed to ensure fac	et as evidenced by: ion and interview, the facility ility grounds were maintained attractive manner. The					
	Outside Area revea -There was trash of -There were hundred plant pot, bowl and -Paint from front en -Door handle from so broken. -Paint from storm d and stained.	n the floor by the front door. eds of cigarette butts inside a					
		packs of cigarettes scatter					

6WPX11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	ECONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWBER.	A. BUILDING:			
		MHL019-055	B. WING			R 02/2020
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	ROAD GROUP HOME	130 BOC	TH ROAD			
		CHAPEL	HILL, NC 27	516		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID		'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	COMPLE DATE
				DEFICIENC	CY)	
V 736	Continued From pa	age 1	V 736			
	throughout the front walkway.					
	Observation on 3/2	Observation on 3/2/20 at 10:40 AM of the Back				
	Outside Area revealed:					
		ded wooden furniture in the				
		ue chairs, 3 small tables, 1				
		ir and 1 wooden love seat).				
		ing against the wall.				
		eces of glasses leaning				
	against the wall.	5 5				
	-There was a duffle					
		en plastic chair next to the air				
	conditioning unit.					
	Observation on 3/2	2/20 at 1:00 PM of the Kitchen				
	area revealed:					
		countertops was loose and				
	unglued.	sink would not shut off				
	completely.					
	Observation on 3/2	2/20 at 1:15 PM of the Dining				
	area revealed:					
	-Wooden baseboa					
	-There were moist	ure stains on the wall.				
	Interview on 3/2/20) with the Program				
		Professional revealed:				
		Housing and Urban				
	Development (HUI					
		t the facility needed some				
	fixings.	y gotten new furniture and old				
		ced in back awaiting to be				
	taken to dump.					
		water leak underneath the				
		nat created water damage.				
		t damages on walls and				
	pasepoard require	d three separate estimates and	1			

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-055			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTITIOATION NOWIDEN.	A. BUILDING:			
		MHL019-055	B. WING			R 03/02/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
воотн	ROAD GROUP HOME		OTH ROAD . HILL, NC 275	16		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF		(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET
V 736	Continued From page 2		V 736			
	work order to be completed by HUD. -He confirmed that the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner					
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.					
V 752	27G .0304(b)(4) Hot Water Temperatures		V 752			
	EQUIPMENT (b) Safety: Each fac constructed and equ ensures the physica visitors. (4) In areas of exposed to hot wate	04 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116				
	failed to maintain th	et as evidenced by: on and interview the facility e facility water temperature egrees Fahrenheit. The				
	degrees Fahrenheit	PM revealed : ater temperature was 120 temperature was 120				
	Professional on 11/2	rogram Director/Qualified 21/19 revealed: he water temperature was				

6WPX11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUME MHL019-055		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED R 03/02/2020	
		MHL019-055				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
зоотн р	ROAD GROUP HOME		OTH ROAD			
		CHAPEL	. HILL, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 752	Continued From page 3		V 752			
	temperature in the I -A new water heate Temperature had no -Nobody at the hous about the water bei -He confirmed the f	se had complined to him ng too hot. acility failed to maintain the rature between 100-116				
inion of U	ealth Service Regulation					

6WPX11