

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-607	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/05/2020
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NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7005 BRECKEN RIDGE AVENUE RALEIGH, NC 27615
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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>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed 3/5/20. A deficiency was cited.</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>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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 failed to ensure the home was maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 3/5/20 at 10:00 AM revealed: -Kitchen sink facet was loose and detached from sink area. -The hot water nozzle on kitchen sink nozzle rotated and difficult to determine hot or cold.</p> <p>During interview on 3/5/20 Staff #1 stated: -The sink faucet had been loose for a while. -Not aware if the Licensee knew. -Will let the Licensee know about the faucet.</p>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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