

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-913</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/05/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PIONEER HEALTHCARE INC #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2726 NEWSOME STREET</b> <b>RALEIGH, NC 27603</b>
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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><b>INITIAL COMMENTS</b></p> <p>An Annual and Follow Up Survey was completed on 03/05/20. Deficiencies were 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 (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 governing body failed to assure the facility was maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 03/03/20 at approximately 1:30 PM revealed:</p> <ul style="list-style-type: none"> <li>- Ceiling stains noted in kitchen area and back porch</li> <li>- Lighting in the bathroom of master bedroom missing bulbs</li> <li>- Flooring in bathroom, kitchen and indoor back porch area worn, unsteady</li> </ul> <p>During interview on 03/03/20, the Qualified Professional reported she:</p> <ul style="list-style-type: none"> <li>- Would follow up with citations identified</li> </ul>	V 736		

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

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V 736	Continued From page 1  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		