

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-866	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/12/2020
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NAME OF PROVIDER OR SUPPLIER HEAVENLY PLACE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8600 NEUSE HUNTER DRIVE RALEIGH, NC 27616
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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 02/12/20. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 governing body failed to assure the facility and grounds were maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 02/10/20 12:45 PM - 1:00 PM revealed:</p> <ul style="list-style-type: none"> - First room: cluttered, sheetrock not flush connecting walls - Hallways: thick dust noted near air vent, ceiling peeling - Master bathroom: ceiling peeling near the vent, water stain noted - Third Bedroom: door damaged, light switch broken - Fourth Bedroom: hole in the door - Hallway bathroom: ceiling peeling 	V 736	<p style="text-align: center;">DHSR-Mental Health</p> <p style="text-align: center; color: red;">APR 07 2020</p> <p style="text-align: center;">Lic. & Cert. Section</p> <p>→ anticipated completion April 10th 2020</p> <p>→ Completed</p> <p>→ anticipated completion April 2nd 2020</p> <p>→ Completed</p> <p>→ completed</p> <p>→ anticipated completion April 2nd 2020</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Sharonne McClellan, OPI/PSA

March 28th 2020

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <p>During interview on 02/10/20, staff #1 reported: -She would report the concerns to Maintenance -Prior to interview, had not noticed the identified violations</p> <p>During interview on 02/11/20, the Qualified Professional reported: -She had contacted the facility's maintenance department to resolve the violations identified.</p>	V 736	<p>The group home staff will conduct a weekly walk through the home with QP.</p> <p>Staff independantly will be able to make maintenance request independantly.</p> <p>QP will follow-up with maintenance orders for completion of repairs.</p> <p>QP will provide staff training of what to review in the group home to make timely repairs complete.</p>	