Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-412			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		B. WING			10/26/2020	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	Y HOME EXTENSION		LIBU DRIVE			
			H, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint and follow up survey was competed on 10/26/20. The complaint was unsubstantiated (Intake #NC00170729). Deficiencies were cited.					
		sed for the following service C 27G 5600A Supervised th Mental Illness.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive	,			
	Based on observat	et as evidenced by: ion and interviews, the facility d in a safe, orderly and The findings are:				
	11:00am of the faci -Mattress in vacant falling through the b -Shower door in clie had a broken towel -Client #3 & #4's ba had areas of dirt ar	: bedroom sunken in and bedframe ent #3 & #4's shared bathroom bar hanging down athroom floor was stained and				
rision of He	was missing	se #3 & #4's bedroom closet door set door was in vacant client	r			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-412		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		MHI 092-412			C 10/26/2020		
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	IATE, ZIP CODE			
RADLE	Y HOME EXTENSION		LIBU DRIVE H, NC 27603				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (ORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLET DATE	
V 736	Continued From pa	ige 1	V 736				
	ripped in the middle to trip -All the floors throu soft spots while ste -Refrigerator was d throughout with sta -Refrigerator handle and hanging off the -Top of walls throug #5's bedroom had p -Flooring in client # lifting up at the corr -Walls throughout t dark discolored spot -Chair in the living r arm rest -A box of matches a client #3 & 4's bath -There was no sme in client #3 & 4's beth During interview an 11:00am, Licensee -"House is always o -Closet door was re bedroom so floors o 4's bedroom -Floors had been re (8/20/19) and "the g	stained, uneven and was e of the floor causing surveyor ghout the house had several pping/walking on it irty with dried food spots ins covering the outside doors es on both sides were loose e doors gh the hallway and in client batches of black spots on it 1 & #2's shared room was hers and dirt stained he home were stained with ots. room had torn areas on the and a lighter were found on room sink ell of cigarette smoke present edroom and bathroom id observation on 10/22/20 at stated:					
	want to dispose of i -Some of the stains where clients had a	s on the bathroom floor is attempted to smoke in the					
	-Client #3 has prev	natches had burned the floor iously smoked in his bathroom s on the bathroom floor from					

1HY411

ND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				C		
					10/	26/2020
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST . LIBU DRIVE	TATE, ZIP CODE		
RADLE	Y HOME EXTENSION		H, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLE DATE
V 736	Continued From page 2		V 736			
	no longer an issue -Spent nine hundre floor (pointing to ha	is with client #3 and #4 and it is ed dollars this year on fixing the allway and client #3 & #4's s supposed to be coming back	9			
	stated: -Spent three hundr (10/23/20) "fixing s	n 10/26/20 the Licensee red dollars last Friday tuff" in the house. ng the things corrected.				
		nstitutes a re-cited deficiency cted within 30 days.]				
V 774	27G .0304(d)(7) M	inimum Furnishings	V 774			
	EQUIPMENT (d) Indoor space reprior to October 1, square footage reprime. Unless otherwork of time. Unless otherwork of the space of the	304 FACILITY DESIGN AND equirements: Facilities licensed 1988 shall satisfy the minimum juirements in effect at that wise provided in these Rules, a licensed after October 1, e following indoor space hings for client bedrooms shall bed, bedding, pillow, bedside for personal belongings for	1			
		et as evidenced by: ion and interview, the facility				

1HY411

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C		
	MHL092-412		B. WING			10/26/2020	
AME OF F	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE			
RADLE	Y HOME EXTENSION		LIBU DRIVE 1, NC 27603				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
RÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 774	Continued From page 3 failed to provide minimal furnishings affecting 1 of 5 audited clients (#5). The findings are:		V 774				
	11:00am of Client #	22/20 at approximately 5's bedroom revealed:					
	-A twin size bed by the wall -No other furniture in the room -There was a closet with clothes in it						
		20 with Licensee revealed: ser in client #5's bedroom					
	"someone must ha -Didn't know that cl nightstand in the ro	ient #5 needed a dresser or					
		at the least, a nightstand					
	ealth Service Regulation						

1HY411