Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		MHL040-027	B. WING		11/0	; 6/2020
					1 11/0	0/2020
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EDWAR	OS GROUP HOME #4		LETREE RO ISBURG, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	6, 2020. One comp (intake # NC001704 substantiated (intak	was completed on November plaint was unsubstantiated 48); three complaints were es # NC00167245, IC00161900). Deficiencies				
		sed for the following service C 27G .5600A, Supervised h Mental Illness.				
V 541	27F .0104 Client Ri Cloth/Poss	ghts - Stor. & Protect of	V 541			
	protect each client's possessions from the loss, and misplacer limited to, assisting maintaining an inve					
	failed to protect 1 or clothing from dama misplacement. The Observation on 10/2	on and interviews the facility f 3 clients (client #1) personal ge, destruction, loss and a findings are: 20/20 at approximately 2:15				
	wearing a hooded sappeared too large.	pearance revealed him to be weat shirt and blue jeans that Client #1's jeans were pulled cinched at his waist with a				

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

(X6) DATE TITLE

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
72	o. oo2011011		A. BUILDING:			
		MHL040-027	B. WING		11/06	6/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EDWAR	S GROUP HOME #4		LETREE RO ISBURG, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 541	Continued From pa	ge 1	V 541			
	belt.					
	am of client #1's be clothing items strew During interview on -He had lost some how much. -Since he had lost was -It had been a while clothing. -He spent his mone on Licensee/Qualified -Client #1's clothing had lost weight. -Client #1 chose to -The clients had no	10/20/20 client #1 stated: weight, but he was not sure weight, his pants were too big. wearing were all he had. e since he had any money for ey on "snacks and stuff to eat." 10/20/20 the Professional stated: g was too large because he				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	303 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	This Rule is not me Based on observati	et as evidenced by: ion and interview, the facility				

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STATEMEN	OF HEALTH SERVICE RE NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL040-027	B. WING		C 11/06/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
			LETREE RO		
EDWAR	OS GROUP HOME #4		ISBURG, NC		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
V 736	Continued From pa	age 2	V 736	BEHOLEROTY	
V 730	was not maintained and orderly mannel Observation on 10/	I in a safe, clean, attractive r. The findings are: 22/20 between approximately	V 730		
	11:00am and 11:30am revealed: -Numerous cigarette butts were observed along the perimeter of the front porchA green mildew-like stain was identified extending along the top rails of the front porchMini blind slats were broken in the front corner window of the living roomAn offensive sour odor permeated the facilityCobwebs were observed behind the dining room				
	of the walls. There hole in the wall enter the hallway air ret -A large unfinished wall.	proximately 18" into the corner was a ping-pong ball sized ering the kitchen. For event was bent and rusty. For epair to client #1's bedroom erms and bags of trash on the			
	bathroom ceiling ar exhaust fan had a v and lint.	redroom t with mildew on client #1's round the exhaust fan; the visible grayish buildup of dust lient #1's bathroom did not			
	inches up from the bathroom.	aining approximately 28 floor on the wall in client #1's			
	staining, 2 toothbru on the edge of clier -Client #3's closet of propped against the had missing handle	shes and a tube of toothpaste of #1's bathtub. door was off the hinges and be bedroom wall. Two dressers on the dresser drawers.			
Division of H	the window. Tiles we floor around the floor	m had broken mini blinds in vere missing on the bedroom or vent extending n length and 12" in width			

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DIVIDION	of Fleatiff Service IN	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_ ا	
			D WINC		(
		MHL040-027	B. WING		11/0	6/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
EDWARD	OS GROUP HOME #4		LETREE RO			
		SIANION	SBURG, NC	2/883		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIAIE	DAIL
V 736	Continued From pa	ae 3	V 736			
		e dresser was missing handles				
	on the bottom two					
	-All bathtubs observed	ved had extensive black,				
	green and gray mile	dew like staining.				
	-Baseboard molding	g throughout the facility had				
	black staining.					
		on floors throughout the				
	facility.	G				
		to client #4 & 7's bathroom				
	wall.					
		er beside the stove was worn				
	and scuffed.	or beende the eleve was well				
	-Dark blue gray stain in both kitchen sinks; the finish on the edge of the sinks was worn.					
	-The painted finish on the kitchen cabinets was worn; there was black matter smeared on one					
	drawer front near th	ie sink.				
		10/22/20 client #1 stated:				
		l up stained washcloth to clean				
	the tub.					
		all had been there for "about 8				
	months."					
	During interview on	10/22/20 and 11/06/20 the				
	Licensee/Qualified	Professional stated:				
	-Repairs had begur	n on damage to the walls and				
		vere scheduled to return within				
	the next week to co					
		uctive to rooms and repairs				
	were ongoing to ad					
	-There was no cover on client #1's toilet tank because he used it as a weapon; the toilet tank					
		noved years ago; the Local				
		was aware and accepted the				
	absence of the cover	•				
		ad made a lot of progress in				
		lity and ground issues				
	identified.					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		MHL040-027	B. WING	<u> </u>		6/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EDWAR	OS GROUP HOME #4		LETREE RO ISBURG, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 4	V 736			
		been cited 7 times since the /15 and must be corrected				
V 738	27G .0303(d) Pest	Control	V 738			
	EXTERIOR REQUI	803 LOCATION AND REMENTS be kept free from insects and				
		et as evidenced by: on and interview, the facility nsects/rodents. The findings				
	11:00am and 11:30 -Black pellets similar of rice were observe window ledge in click kitchen drawersTwo mouse glue to the kitchen flanking both sink on roaches was observe kitchen sinkA live roach was observed to cabinet.	ol/22/20 between approximately am revealed: ar in size and shape to a grain ed extending along the ent #1's room and in the aps were observed in the th sides of the stove top. e live roach and 2 dead wed in the drawer next to the observed in lower kitchen observed in dining room.				
	-2 fire ant nests alo the front porch.During interview on	ng the edge of the sidewalk to 10/22/20 client #1 stated: a mouse in his room				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MIII 6 46 65-	B WINC		(
		MHL040-027	B. WING		11/0	6/2020
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EDWARD	S GROUP HOME #4		LETREE RO			
040.15	CLIMMA DV CTA		SBURG, NC		ON!	0.50
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 738	Continued From pa	ge 5	V 738			
	approximately 2 mo -Mouse traps were	nths earlier. used to capture mice.				
	-He had seen many	10/22/20 client #3 stated: mice in the home. mouse every evening.				
	-The facility did not -An exterminator plate facility. -He had not seen at -The flies began co	10/22/20 staff #1 stated: have a pest problem. aced the glue traps in the ny mice in the facility. ming into the facility when the bling; "they want to be warm				
	Licensee/Qualified -The mouse droppin client #1's bedroom issue" and she wou -The facility was ne could not control the -She was unaware front sidewalk.	ngs on the window ledge in was "just a housekeeping ld "take care of it." xt to a large field and they				
V 782	10A NCAC 27G .03 EQUIPMENT (d) Indoor space reprior to October 1, square footage require. Unless otherwisedential facilities	eception and Private Spaces 04 FACILITY DESIGN AND quirements: Facilities licensed 1988 shall satisfy the minimum uirements in effect at that vise provided in these Rules, licensed after October 1, of following indoor space	V 782			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL040-027	B. WING		11/0	6/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EDWAR	OS GROUP HOME #4		LETREE RO ISBURG, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 782	(11) Each facility, e provider, shall have and visitors and pri conferences with cl	xcept for a private home a a reception area for clients vate space for interviews and ients.	V 782			
	failed to maintain a and conferences w Observation on 10/ 2:00pm revealed th Professional within #1 during an attem Licensee/Qualified	et as evidenced by: ion and interviews, the facility private space for interviews ith clients. The findings are: 20/20 at approximately the Licensee/Qualified very close proximity of client pted private interview. The Professional periodically es to questions asked of client				
	-He had family visit mother. "Sometime during family conta- not.	10/20/20 client #1 stated: s and phone contact with his es" he was provided privacy ct and "sometimes" he was le being interviewed by				
	Licensee/Qualified -Client #1 said he of during his interview -She did not wish for surveyors in private being "misconstrue -She always preferr interviews to ensure properlyThe deficiency was	or client #1 to speak to e due to client's comments				

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PRINTED: 11/12/2020

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ С B. WING __ MHL040-027 11/06/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1269 APPLETREE ROAD EDWARDS GROUP HOME #4** STANTONSBURG, NC 27883

STANTONSBURG, NC 2/883								
(X5) COMPLET DATE								

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