Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
741512741	or contraction	IDENTIFICATION DETE	A. BUILDING:			
		MHL084-042	B. WING		12/2	3/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
VALLEYVIEW GROUP HOME 506 VALLEY ALBEMARL						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS	3	V 000			
	The complaint was su #NC172577). Deficient This facility is license category: 10A NCAC	,				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
	interviews, the facility and grounds were ma orderly manner. The	ns, records review and rfailed to ensure the facility aintained in an attractive and				
	-outside back door lea mattresses propped u blocking any egress; -on back deck, two m outdoor furniture, back	ading from lower level: two up against the wall, not nattresses laying against k deck covered with leaves				
	-mattresses came our prior to a client #2 mo	) with staff #1 revealed: t of the downstairs room				

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL084-042	B. WING		12/23/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
VALLEYV	EW GROUP HOME		YVIEW DRIVE LE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 736	Continued From page	e 1	V 736			
	to come pick up the n	nattresses.				
	Interview on 12/21/20 with staff #2 revealed the old mattresses at the facility need to be thrown away.					
	Manager revealed: -the mattresses have -put in a work order to -waiting on maintenar mattresses up; -on their(maintenance -mattresses were old	o maintenance; nce to come pick the				
	the mattresses reveal -Qualified Professionarequest on 11/8/20 to all bedroom furniture as a new client was be-work order request waintenance staff on -maintenance staff "erequest on 12/16/20 be provided;	al (QP) sent in a work order maintenance to throw away in the downstairs bedroom leing admitted on 11/16/20; was assigned to				
	Review on 12/22/20 of an admission date of	of client #2's record revealed 11/16/20.				
	-put in a work order re -waiting on maintenar mattresses; -the staff from mainte	o with the QP revealed: egarding the mattresses; nce to come get the nance called her and told ecause a co-worker was on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL084-042	B. WING		12	2/23/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
VALLEYV	IEW GROUP HOME		LEYVIEW DRIVE ARLE, NC 28001				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From page	e 2	V 736				
	-the maintenance sta to-do list."	ff told her it was on his"					
V 750	27G .0304(b)(3) Mair Water Systems	ntenance of Elec., Mech., &	V 750				
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors.	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and nechanical and water ntained in operating					
	This Rule is not met Based on records rev facility failed to ensur mechanical systems operating condition. T	riew and interviews, the e all electrical and were maintained in					
	Interview on 12/21/20 -dryer broke last wee -put in a work order; -waiting on it to be fix						
	Interview on 12/21/20 Manager (GH Mgr.) r -dryer broke last wee -put in an order for dr -waiting on maintenal	k; yer to be fixed;					
	Interview on 12/22/20 Professional revealed -was sure the GH Mg request regarding the	d: r. put in a work order					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL084-042		B. WING		12	12/23/2020		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
VALLEYVIEW GROUP HOME 506 VALLEYV ALBEMARLE							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 750	-staff can take clients at the laundromat dov -staff do not take clier Review on 12/22/20 of dryer revealed: -staff #1 sent in a wor at 8:26pm; -staff #1 documented the dryer will not heat -staff #1 also docume request the dryer nee	or the work order request and dry the clothes when the road; the laundromat.  of a work order regarding the laundromat on the work order request and dry the clothes; and dry the work order ded to be fixed "asap;" as assigned the work order	V 750				

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