	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
					R	-C
		092-516	B. WING		01/0	07/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARY'S	MANOR II		N STREET N, NC 27597			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	on January 7, 2021 substantiated (Intak Deficiencies were of This facility is licens	ited. sed for the following service C 27G .5600A Supervised				
V 291		sed Living - Operations	V 291			
	six clients when the developmental disa on June 15, 2001, at than six clients at the provide services at licensed capacity. (b) Service Coording maintained between qualified profession treatment/habilitation (c) Participation of Responsible Person provided the opport relationship with he means as visits to the facility. Reports annually to the pare legally responsible Reports may be in conference and shaprogress toward med (d) Program Activities and the treat Activities shall be desired.	on OPERATIONS cility shall serve no more than a clients have mental illness or bilities. Any facility licensed and providing services to more that time, may continue to no more than the facility's nation. Coordination shall be a the facility operator and the als who are responsible for on or case management. The Family or Legally note a client shall be unity to maintain an ongoing or or his family through such the facility and visits outside a shall be submitted at least ant of a minor resident, or the person of an adult resident. Writing or take the form of a sall focus on the client's seeting individual goals. The seeting individual goals are signed to foster community may be limited when the court				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		R-	C
		092-516	B. WING			7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MARY'S	MANOR II	501 BUNN ZEBULON	I STREET I, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 291	safety issues becor	nvolved or when health or me a primary concern.	V 291			
	facility's operator fa qualified profession	view and interview, the iled to coordinate with als responsible for the on or case management of one				
	revealed: -Admitted: 10/2 -Diagnoses: So Mood Disorder, Hyp Hypokia and Hypoti	chizophrenia, Seizures, Bipolar pertension, Obesity, Cerebral hyroidism sted but Power of Attorney				
	client #5's POA rep -She wanted to in another state whi most of the familyFor the transfe certificate, Identificate CardIn regards to the born in another state difficulty obtaining to necessary to secure	01/05/21 and 01/06/21 with orted: transfer client #5 to a facility ich would be closer to her and er, she needed a birth ation Card and Social Security he birth certificate, he was te and she was having he requested documents the birth certificate I the facility's assistance. "I				
	have yet to get a re During interview on #1 reported the follous -She was award	sponse." 01/06/21 and 01/07/21, staff				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
	092-516	B. WING		R- 01/0	C 7/2021
NAME OF PROVIDER OR SUPPLIER		ORESS CITY S	STATE, ZIP CODE	1 0170	772021
MARY'S MANOR II	501 BUNN	, ,	·····		
MART 5 MANOR II	ZEBULON	, NC 27597			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
certificate. -Initially, she maile information to the vital state where the client on response, she was with a person and faxe group home had a coper. The vital records paperwork not copies. Submit the original paphad the paperwork not she started worki vital records departme up last year (2020) and notarized request for hearing and the family said the social Security card. Social Security	ess of obtaining the birth ed the requested verification I records department in the was born. After months of able to maintain contact ed over the information. The topy of his Medicaid card and soffice wanted the original . The POA did not want to perwork. The group home to the POA. ing on the process with the ent in 2019. She did follow and had client #5 sign a his birth certificate. They were going to get the She was not sure what was process. She would just een 01/06/21 and 01/07/21, 20, she became aware ested "that stuff." never had the birth as admitted. It asked her for anything. 1/07/21, the Qualified orted: ary 2020. On he did virtual visits with to the group home. It is grou	V 291			

Division of Health Service Regulation STATE FORM

DIVISION	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		092-516	B. WING		R- 01/0	.C 7/2021
					1 00	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MARY'S	MANOR II	501 BUNN ZEBULON	I STREET I, NC 27597			
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 542	Continued From pa	ge 3	V 542			
V 542	27F .0105(a-c) Clie Funds	nt Rights - Client's Personal	V 542			
	typically provides reclients for more that (b) Each competer above the age of 16 encouraged to mair personal fund according to the investment of funds (c) If funds are male employee, manage in accordance with (1) assure to and withdraw mone (2) regulate the funds in a personal (3) provide for by friends, relatives (4) provide for financial records on funds on deposit in (5) assure that be kept separate frof facility; (6) provide for personal fund according the funds of the (7) provide for persons depositing (8) provide the	es to any 24-hour facility which esidential services to individual in 30 days. It adult client and each minor is shall be assisted and intain or invest his money in a unt other than at the facility. Out need not be limited to, in interest-bearing accounts. In aged for a client by a facility ment of the funds shall occur policy and procedures that: the client the right to deposit by; the receipt and distribution of fund account; or the receipt of deposits made or others; or the keeping of adequate all transactions affecting personal fund account; at a client's personal funds will om any operating funds of the or the deduction from a unt payment for treatment or is when authorized by the client le person upon or subsequent				

Division of Health Service Regulation STATE FORM

6899 If continuation sheet 4 of 12 KRK311

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	Y
			A. BUILDING:		B.C	
		092-516	B. WING	· · · · · · · · · · · · · · · · · · ·	R-C 01/07/202	1
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARY'S	MANOR II		N STREET N, NC 27597			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMP	PLETE
V 542	Continued From pa	nge 4	V 542			
	failed to maintain a all transactions and of personal fund ac (#1, #2, #4, #5 and managed their fund	et as evidenced by: eview and interview, the facility dequate financial records on d provide quarterly accounting ecounts for five of five clients d #6) whom the facility ds. The findings are:				
	and Hycholesterole	chizophrenia, Diabetes Type II				
	revealed: -Admitted: 10/2 -Diagnoses: So Mood Disorder, Hy Hypokia and Hypot	chizophrenia, Seizures, Bipolar pertension, Obesity, Cerebral hyroidism sted but Power of Attorney				
	revealed: -Admitted: 06/2 -Diagnoses: So	1 of client #6's record 21/19 chizophrenia, Depression his mother/parent				
		01/05/21, staff #1 reported was his brother and client #4 n the Licensee.				
		1 of the facility's records book" that contained the on noted between				

Division of Health Service Regulation

STATE FORM 6899 KRK311 If continuation sheet 5 of 12

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					R-	С
		092-516	B. WING		01/0	7/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADVIC	MANOR II	501 BUNN	STREET			
ZEBULON		I, NC 27597				
(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 APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 542	Continued From pa	ge 5	V 542			
	August-November 2 -"Monthly Finar completed by the fa statements provide for Social Security I money (SA), admin room and board rat client received. Ea dated by either the the clients. I. The following are assure system of reclient's stimulus che	2020 for clients: ncial Statements" and acility for clients. These d notation of monthly amounts ncome, Special Assistance istrative donation amount, e, medicine bill and amount ch statement was signed and Licensee or staff #1 as well as examples the facility failed to ecord keeping regarding ecks.				
	Monthly Statements #6 revealed: -No notation of -No verification to the clients or gu	of August-November's for clients #1, #2, #4, #5 and the stimulus checks the stimulus money was given ardians verify how the stimulus money				
	dated 01/06/21 by t go to the bank and clients. Due to COV closed. When she t clients to the bank a balance amounts o clients would receiv without receipts or s balances from the c checks as of 01/05, -Client #2- bala \$155.95 medication shopping as source -Client #4- bala	nce \$644.05 (notes indicate n bill payments and \$400				

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STATE FORM 6899 KRK311 If continuation sheet 6 of 12

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BUILDING:			_
	092-516	B. WING		R- 01/0	7/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
MARY'S MANOR II	501 BUNN ZEBULON	STREET , NC 27597			
PREFIX (EACH DEFICIENCY MUS	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
During interview on 01/ #6 were not aware of a \$1200.00 issued by the Government due to the each citizen whose indi \$75,000. The clients re -Client #1- he was eligible for a stimulus c -Client #5- his mon POA since July 2020 at June 2020Client #6- he did n check was. During interview on 01/ reported: -At the beginning o Licensee gave each client acked through the "Mareon of the stimulus checks -Clients #2, #4, and from their stimulus che -Clients #2, #4, and money was added to he give clients for shoppin -She thought the st reason clients received to \$66. The extra \$14 w remainder of the stimul being dispersed throug During interviews betwee the Licensee reported:	check written to him dated f \$1000.00 for stimulus /05/21, clients #1, #5 and a stimulus check for e United States c COVID 19 pandemic for lividual income was below exported the following: not sure if he would be check. They was handled by his and the Licensee before that know what a stimulus /05/21 & 01/07/21, staff #1 of each month, the lient money that was loney book the receipt of the d #5 each received \$200 cocks of #5's \$200 stimulus for July 2020 paycheck to the d \$80 monthly as opposed was because the lus check balance was ghout the years.	V 542			

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STATE FORM 6899 KRK311 If continuation sheet 7 of 12

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MARY'S MANOR II SUMMARY STATEMENT OF DEFICIENCIES ZEBULON, NC 27597 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 542 Continued From page 7 -She added the clients' stimulus money to staff #1's July 2020 paycheck. Staff #1 gave each client \$\$200\$ to spend for shopping from that paycheck. -In July 2020, client #1 spent \$200\$ to purchase carton of cigarettes with his stimulus money. On 01/05/21, she wrote client #1 a check for \$1000.00 to deposit in his bank account for the balance of his stimulus check -When the clients received their stimulus	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
MARY'S MANOR II SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CONTINUED TAG CONTINUED CON		092-516	B. WING			
CX4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF PROVIDER OR SUPPLIEF	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 542 Continued From page 7 -She added the clients' stimulus money to staff #1's July 2020 paycheck. Staff #1 gave each client \$200 to spend for shopping from that paycheckIn July 2020, client #1 spent \$200 to purchase carton of cigarettes with his stimulus money. On 01/05/21, she wrote client #1 a check for \$1000.00 to deposit in his bank account for the balance of his stimulus check -When the clients received their stimulus	MARY'S MANOR II		_			
-She added the clients' stimulus money to staff #1's July 2020 paycheck. Staff #1 gave each client \$200 to spend for shopping from that paycheck. -In July 2020, client #1 spent \$200 to purchase carton of cigarettes with his stimulus money. On 01/05/21, she wrote client #1 a check for \$1000.00 to deposit in his bank account for the balance of his stimulus check -When the clients received their stimulus	PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
checks, client #5 was given \$200.00 to spend on clothing. His POA also asked the money be used to pay down his pharmacy bill that was between \$300-\$400. -Client #6 did not receive a stimulus check. His check must have been given to his guardian/parent. Attempted interview on 01/06/21 revealed: -Attempts made on 01/06/21 to interview client #6's guardian/parentUnable to leave a messsage. During interview on 01/06/21, client #5's POA reported the following regarding the usage of his stimulus check: -She approved for the stimulus check to be used for his pharmacy bill. As the balance was at one point above \$500, it was zero when she assumed responsibility for the payments in OctoberShe was told he used \$200 for shopping -She received \$350 check as the stimulus balance from the Licensee. II. The following are examples the facility failed to keep adequate financial records of all transactions and provide quarterly accounting of personal funds.	-She added the staff #1's July 2020 client \$200 to spen paycheck.	e clients' stimulus money to paycheck. Staff #1 gave each of for shopping from that client #1 spent \$200 to for cigarettes with his stimulus 21, she wrote client #1 a check posit in his bank account for stimulus check onts received their stimulus was given \$200.00 to spend on also asked the money be used parmacy bill that was between not receive a stimulus check on 01/06/21 revealed: We on 01/06/21 revealed: We on 01/06/21 to interview on/parent. We a messsage. In 01/06/21, client #5's POA of the stimulus check to be pacy bill. As the balance was at 500, it was zero when she bility for the payments in the used \$200 for shopping \$350 check as the stimulus check to be accounted as the stimulus check as the stimulus c	V 542			

6899

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BUILDING:		R-	-C
		092-516	B. WING			7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARY'S	MANOR II		I STREET I, NC 27597			
(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)	LD BE	(X5) COMPLETE DATE
	bank statements m her home revealed: -June-Decemb During interview on -The Licensee statements of how - He was not av balance or how mu home. He gave his -Monthly, he wa attorney through the puts his money in the During interview on reported: -Client #1 loved	er 2020 Bank Statements 01/05/21, client #1 reported: showed him monthly much he had in the bank. ware of his current bank ch money he had at the group money to staff #1 to hold. as given over \$500.00 from his e Veterans Administration. He				
	bank card -His probation of spending habits and probation of spending habits and provided probability and probability and provided probability and probability	officer inquired monthly about d would review his money tween 01/05/21 and 01/07/21, red: and board was paid, client #1 a month from Social Security. a private pay client. #1's bank statements mailed ovide him a copy but she did				

Division of Health Service Regulation

STATE FORM 6899 KRK311 If continuation sheet 9 of 12

	of Health Service Re		1		ı	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R-	·C
		092-516	B. WING			7/2021
		002 010	<u> </u>		01/0	112021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADVIC	MANOR II	501 BUNN	I STREET			
WARTS	WIANOK II	ZEBULON	I, NC 27597			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				22.10.2.10.7		
V 542	Continued From pa	ge 9	V 542			
	family					
	family	al funda providad by the				
		al funds provided by the				
	Licensee	a of amounts for Cost of Core				
		g of amounts for Cost of Care				
	and Special Assista	ince				
	Peview on 01/05/21	of client #5's July-December				
		icial records revealed the				
	following:	iciai records revealed trie				
	-\$14 given mon	thly				
	-No evidence o	f deposits from family				
	During interview on	01/05/21, client #5 reported				
		ned for \$66 a month from the				
	Licensee.					
	LICETISCE.					
	During interview on	01/06/21, client #5's POA				
	reported:	01/00/21, oliciti //031 O/(
		him money quarterly. She				
		red an average of \$150 for the				
	quarter	ca an average of \$100 for the				
		ested in a letter dated 07/2020,				
		inancial receipts to her.				
		eceived some receipts, she				
	•	ceipts of all transactions				
		of room and board payments.				
	moldore of recorpt	or room and board paymonts.				
	During interview on	01/07/21, staff #1 verified:				
		nily had sent money twice to				
	him via money trans					
		the funds at a money transfer				
	location for client #5					
		ow she was to document				
	when he received for					
	During interviews be	etween 01/05/21 & 01/07/21,				
	the Licensee report					
		ware client #5's family had				
	sent money to him.	Short no o fairing flad				
		riew, she was not aware the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			, Joilly		R-	·C
		092-516	B. WING			7/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MARY'S	MANOR II	501 BUNN ZEBULON	I STREET I, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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)	LD BE	(X5) COMPLETE DATE
V 542	\$66 client received funds. She thought the client received \$ -For client #5, t guardian and SA cobalance of \$66 for hutilized the \$66 he part of the SA to su -Each month, c from her.	was a requirement of SA the \$66 was required because Social Security funds. he payment received from the embined left a negative his monthly cost of care. She was supposed to receive as pplement the difference. lient #5 only received \$14 stitutes a re-cited deficiency	V 542			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 103 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	failed to ensure the safe, orderly and at are: Observation on 01/revealed: -Two lower leve under the counter with the base.	et as evidenced by: and observation the facility home was maintained in a tractive manner. The findings 05/21 at 10:35am of the facility el cabinet doors in the kitchen were loose and slightly hanging de cabinet doors located				

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KRK311 If continuation sheet 11 of 12

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		COMPLETED
	A. BUILDING:	R-C
092-516	B. WING	01/07/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDI	RESS, CITY, STATE, ZIP CODE	
MARY'S MANOR II 501 BUNN 2 ZEBULON,		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COMPLETE DATE
under the kitchen sink were being held closed with a rubber band around the door knobs Interview on 01/05/21 Staff #1 reported: -Cabinet doors have been "broken for awhile" -She told the licensee before and would let the licensee know again that it was broken -The rubber band was on the cabinet doors so that it didn't fall open Interview on 01/07/21 Licensee reported: -She was told the cabinet doors were broken but she hadn't been to the house that often and forgot -Staff #1 called her after surveyors left and told her the cabinet doors were broken and needed to be fixed -Staff #1 could call maintenance at any time -She called the maintenance man to fix the cabinet doors and he was scheduled to go to the facility the next day	V 736	

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