

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/12/2021
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NAME OF PROVIDER OR SUPPLIER KYSEEM'S UNITY GROUP HOME LLC #4	STREET ADDRESS, CITY, STATE, ZIP CODE 408 TARBORO STREET E WILSON, NC 27893
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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>A complaint and follow up survey was completed on February 12, 2021. The complaint was unsubstantiated (Intake # NC00172935). Deficiencies were 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 (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 observations and interview the Licensee failed to maintain the facility in a safe, clean, attractive manner free from offensive odors. The findings are:</p> <p>Observation on 2/4/21 of the facility between approximately 10:20am and 11:00am revealed: -Living room air register had heavy dust. -Client #1 had a golf ball sized hole in his bedroom door, table top fan being used had heavy dark dust, six slats missing from window blind behind bed, an additional window blind about a 12 inch area missing from blinds, unfinished repair approximately basketball sized hole in plaster area on wall. -Hall bathroom had mildew around around top of</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <p>bathtub, shoe molding around bottom of tub had calk with black discolored spots, blinds in bathroom window had mildew on numerous slats, window at the ceiling at entrance of bathroom had mildew around the frame, return air vent was dusty, approximately 12 inch cracked plastered area on ceiling in bathroom.</p> <p>-Client #3 had a six drawer dresser that was missing 2 drawer knobs, approximately 3 inch plastered hole in wall behind bedroom.</p> <p>-Client #4's window sill dirty was, paint was peeling from baseboards, linoleum on floor was torn at door entrance</p> <p>-Numerous brown circular shape stains on ceiling above the entrance to the kitchen.</p> <p>-Dining chair in the kitchen had the seat split in half.</p> <p>-The microwave door had an approximate 8 inch piece of silver duct tape on the lower portion of the door.</p> <p>-Window blind slats in the back hallway were bent.</p> <p>-The air register in the hall had heavy dust.</p> <p>-The ceiling in Client #2's bedroom had heavy dust, a crack in the panel at the door knob, a chest missing 3 knobs and the closet door was missing a handle.</p> <p>Interview on 2/4/21 Staff #1 stated: -The facility had new furniture. -The facility had some painting done on the inside.</p> <p>Interview on 2/4/21 and 2/12/21 Licensee stated: -He knew the home needed some repairs. -He was searching for another home for the clients.</p> <p>This deficiency has been cited five times since the original cite on November 9, 2018, and must</p>	V 736		

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V 736	Continued From page 2 be corrected within 30 days.	V 736		