Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL059-096	B. WING		06/1	7/2021		
<u> </u>				STATE, ZIP CODE	1 00			
24 NORTH MCDOWELL AVENUE								
NORTH MCDOWELL GROUP HOME MARION, NC 28752								
(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	V 000 INITIAL COMMENTS							
	2021. The complain # NC00177089). A	was completed on June 17, nt was unsubstantiated (intake deficiency was cited.						
		sed for the following service C 27G .1300 Residential ren or Adolescents.						
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736					
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive						
		et as evidenced by: on and interviews the facility in a clean, orderly manner.						
	approximately 9:35 - A stained twin mat living room floor Fabric that appear sofa Thick dark matter blades A plate with scram - Food crumbs and - Dirty dishes conta	e facility on 6/16/21 between am and 10:00 am revealed: ttress with no sheets on the red to be sheets piled on a tan on the edges of the ceiling fan abled eggs on the dining table, smears on the dining table, ining food in the kitchen sink, with a thick, milky liquid inside counter.						

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

(X6) DATE TITLE

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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			
		MHL059-096	B. WING		06/1	17/2021		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
NORTH MCDOWELL GROUP HOME 24 NORTH MCDOWELL AVENUE MARION, NC 28752								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE		
V 736	counter.  - White residue in the fixtures in the hall bear and a pillow, cloth room shared by clied.  - No sheets on clied.  - An approximately repair to the ceiling.  - Clothing strewn at shared by clients #10.  - Particulate matter facility.  During interview on and the street of the ceiling our fault.  - "Our only defense would clean it when a the clients before and one of hout to sit on it.  During interview on and the street of the street of the street on the street on the street on the street of	cereal and milk on the kitchen  ne sink and on the sink athroom. ing and toys strewn about the ents #3 and #4.  nt #3's bed. 2 foot by 2 foot unpainted above client #2's bed. bout the floor in the bedroom 1 and #2. on the floors throughout the  6/16/21 client #2 stated: n disarray was "completely  was that we told [staff #2] we we got home." on the living room floor watched a movie the night is peers brought the mattress  6/16/21 client #3 stated: attress into the living room to while watching a movie the  6/16/21 client #4 stated: time the facility was left a lot cleaner than that." ores; if they used a dish, they put it in the sink." res and worked together to	V 736					

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STATE FORM 6899 MKYC11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		BENTH TO KNOW NOW BEIN.	A. BUILDING:	·	OOWII	LLILD	
		MHL059-096	B. WING		06/1	7/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
NORTH MCDOWELL GROUP HOME 24 NORTH MCDOWELL AVENUE MARION, NC 28752							
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ige 2	V 736				
	- One of the clients mattress on the living The facility was us than observed on 6.  During interview on Manager stated the and neater than it and neater than it and the stated it was the stated.	sually a lot neater and cleaner					

6899

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