STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.				
		MHL062-035	B. WING		07/	19/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
D & S COUNTRY MANOR  3963 NC ALT 220 HWY N  SEAGROVE, NC 27341							
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRE	ECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		COMPLÉTE DATE	
V 000	INITIAL COMMEN	TS	V 000				
	on July 19, 2021.	take #NC00177597).					
	category: 10A NCA	sed for the following service C 27G .5600C Supervised th Developmental Disabilities.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES  (a) A written fire pla area-wide disaster shall be approved be authority.  (b) The plan shall be and evacuation pro posted in the facility						
	shall be held at least repeated for each sunder conditions the	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	failed to conduct fir	eview and interview, the facility e and disaster drills under ulate emergencies quarterly					
	Review on 7/19/21 revealed: -2/18/21- 1st shift.	of the facility's fire drill log					

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL062-035	B. WING		07/1	9/2021
NAME OF PROVIDER OR SUPPLIER  D & S COUNTRY MANOR  STREET ADDRESS, CITY, STATE, ZIP CODE  3963 NC ALT 220 HWY N  SEAGROVE, NC 27341						
(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 114	-2/18/21- 2nd shift12/2/20- 1st shift10/1/20- 2nd shift8/20/20- 1st shiftThere were no fire second shift for the Review on 7/19/21 revealed: -2/18/21- 1st and 2r which entailed both -12/12/20- 2nd shift12/12/20- 1st shift10/3/20- 1st shift8/10/20- 1st shift8/10/20- 1st shiftThere were no disa and second shift for Disaster drill perfor cover both first and quarter of 2021.  Interview on 6/27/19 Administrator/Qualir-She was under the disaster drills had b quarter of 2021, but -She was unaware sufficient to cover to -She confirmed the disaster drills under	drills performed on first and second quarter of 2021.  of the facility's disaster drill log and shift (performed at 7:00 PM shifts.)  aster drills performed on first the second quarter of 2021. The second quarter of 2021. The second shift for the first  O with the fied Professional revealed: Impression that fire and een performed for the second that one drill would be	V 114			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ey and Grounds Maintenance  03 LOCATION AND  REMENTS  its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			

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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	
		MHL062-035	B. WING		07/	19/2021	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 011	13/2021	
D & S COUNTRY MANOR 3963 NC AI SEAGROVI				Y N			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 2	V 736				
	failed to ensure fac	et as evidenced by: ion and interview, the facility ility grounds were maintained I attractive manner. The					
	Observation on 7/19/21 at 8:45 AM of the Middle Hall Bathroom revealed: -There was mold/mildew all around the edge between the tub and the wallThe floor of the tub was dirty/stained.						
	Bathroom at the of	9/21 at 8:53 AM of the the Hallway revealed: broken and missing a piece					
	sunroom area reve -There were miscel room, including a C decorationsThere was a bed f	laneous items stored in the					
		roughout the room.					
	Administrator/Quali -Client #1 was very own strength. He had the house alread -They had tried to be that would go down	1 with Staff #1 and the fied Professional revealed: strong and did not know his ad broken several toilet seats by. Duy other kind of toilet seats by themselves, but he was e seat himself and would end					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY LETED	
		MHL062-035	B. WING		07/1	9/2021	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
D & S C	DUNTRY MANOR		ALT 220 HW /E, NC 2734				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 736	up breaking themThey had already of the seat and was performer Client would the middle hallway. They were in the performer Client bathroom he usedSun room had beer roomFacility also had all used as a storage re-She acknowledged.	contacted a person to repair lanning to come in this week. Id use the bathroom located in Client #1 never used the pathroom.  rocess of fixing the room at #1 stayed as well as the en used mostly as a storage on empty room that was being	V 736				

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