PRINTED: 07/26/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) F

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			(X3) DATE SURVEY COMPLETED		
AND PLAIN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:					
MHL040-021		MHL040-021	B. WING		R 07/22/2021			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
EDWARD	EDWARDS GROUP HOME #2  408 EAST MAIN STREET  HOOKERTON, NC 28538							
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	on July 22, 2021. Det This facility is license	d for the following service 27G .5600A Supervised						
V 736	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and in maintained in a safe,	EMENTS	V 736					
	was not maintained in and orderly manner.  Observation on 07/21 2:40pm revealed:  - The grass in areas of approximately knee has the torn in several location the porch.  - Client #1's bedroom emitted a chirping sof the bathroom connumbathroom has one of worked.	n and interview, the facility n a safe, clean, attractive The findings are:  1/21 at approximately of the facility yard were neight. back porch were ripped and ons. There were 2 tires on thad a smoke detector that und. ected to client #2's						

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL040-021	B. WING		R <b>07/22/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	,	
EDWARD	S GROUP HOME #2		MAIN STREET ON, NC 28538			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 736	drawer Client #6's bedroom working.  Interview on 07/21/21 Professional/Licensee The facility had a se emergencies.	had a broken top dresser had 2 of 3 ceiling light bulbs the Qualified e stated: curity system for al questions regarding	V 736			
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.		V 752			
	water temperatures w 100-116 degrees Fah clients were exposed are: Observation on 07/21 2:40pm revealed: - The kitchen sink hot degrees Fahrenheit.	and interview, the facility were not maintained between renheit in areas where to hot water. The findings  /21 at approximately water temperature was 98  used by client #2 and client				

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NAME OF PROVIDER OR SUPPLIER    STREET ADDRESS, CITY, STATE, 2P CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  408 EAST MAIN STREET HOOKERTON, NC 28538   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 2 Fahrenheit.  Interview on 07/21/21 the Licensee/Qualified Professional stated: - She wanted the water temperature to be at 100 degrees Fahrenheit She would ensure the water is turned up to the	MHL040-021		B. WING	B. WING					
CX4   ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   CROSS-REFERENCED TO THE APPROPRIATE DATE      V 752   Continued From page 2   V 752	WITE-040 VZ 1								
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 2  Fahrenheit.  Interview on 07/21/21 the Licensee/Qualified Professional stated: - She wanted the water temperature to be at 100 degrees Fahrenheit She would ensure the water is turned up to the	EDWARDS GROUP HOME #2 408 EAST MAIN STREET								
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i la companya da managan	V 752	Fahrenheit.  Interview on 07/21/21 Professional stated: - She wanted the watedegrees Fahrenheit She would ensure the	the Licensee/Qualified er temperature to be at 100 ne water is turned up to the	V 752					

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