Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND (X1)PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND		(X1)PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING			
MHL062-035		D. WING		07/1	9/2021	
NAME OF PR	OVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
		3963 NC A	ALT 220 HW	/ N		
D & S C	DUNTRY MANOR		VE, NC 2734			
(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 APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	on July 19, 2021. Tunsubstantiated (In Deficiencies were controlled This facility is licens category: 10A NCA	take #NC00177597).				
V 114		ncy Plans and Supplies	V 114			
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.			As per article (c.) We have worked update for the fire and disaster of process to ensure that the sched is updated to hold quarterly drill each shift and properly placed in and disaster drill log. It is also appropriately stated that QP shall supervise these drills.	drill Jule s for fire	9/18/21
	failed to conduct fire conditions that simuland for each shift.	view and interview, the facility e and disaster drills under ulate emergencies quarterly				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MIII 000 005	B. WING		07/4	0/2024
NAME OF I	PROVIDER OR SUPPLIER	MHL062-035	DRESS CITY S	STATE, ZIP CODE	07/19/2021	
NAME OF I	NOVIDER OR SOLT EIER		LT 220 HW			
D&SCC	OUNTRY MANOR					
(X4) ID	SEAGROVE, NC 27341 ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)					(X5)
PRÉFIX TAG	•	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	-2/18/21- 2nd shift. -12/2/20- 1st shift. -10/1/20- 2nd shift. -8/20/20- 1st shift. -There were no fire second shift for the	drills performed on first and second quarter of 2021.				
	Review on 7/19/21 of the facility's disaster drill log revealed: -2/18/21- 1st and 2nd shift (performed at 7:00 PM which entailed both shifts.) -12/12/20- 2nd shift12/12/20- 1st shift10/3/20- 1st shift8/10/20- 1st shiftThere were no disaster drills performed on first and second shift for the second quarter of 2021 Disaster drill performed on 2/18/21 was done to cover both first and second shift for the first quarter of 2021.					
	She was under the disaster drills had b second quarter of 2 She was unaware to sufficient to cover to -She confirmed the disaster drills under	fied Professional revealed: - impression that fire and een performed for the 021, but were never filed hat one drill would be				
V 736		ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				

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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	9/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	•	
D 0 C CC	NINTRY MANOR	3963 NC A	LT 220 HW	Y N		
Dasce	DUNTRY MANOR	SEAGROV	/E, NC 2734	11		
(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 APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 2	V 736			
	failed to ensure faci in a clean, safe and findings are: Observation on 7/1 Hall Bathroom reve -There was mold/m between the tub and -The floor of the tub	on and interview, the facility illty grounds were maintained attractive manner. The 9/21 at 8:45 AM of the Middle aled: ildew all around the edge d the wall.		The bathroom and bathtub will be cleaned and regrouted. All the mand mildew will be properly remand treated. Bathroom #2 will have a new too installed in the next week. This will be supervised by the Control of the	nold oved let	9/18/21
	Bathroom at the of -The toilet seat was the front. Observation on 7/19 area revealed: -There were miscel room, including a C decorationsThere was a bed froomBoxes scattered the Interview on 7/19/2 Administrator/Quality	the Hallway revealed: broken and missing a piece of 9/21 at 9:00 AM of the sunroom laneous items stored in the hristmas tree and rame in the middle of the		The sunroom will be cleaned, an miscellaneous items will be propstored. This will be supervised by the C	perly	9/18/21
	own strength. He had at the house alread -They had tried to be that would go down	ad broken several toilet seats				

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			B. WING					
		MHL062-035			07/1	9/2021		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
D&SCC	3963 NC ALT 220 HWY N D & S COUNTRY MANOR							
			/E, NC 2734					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 736	Continued From pa	ge 3	V 736					
	up breaking them.			The empty bedroom is used				
		contacted a person to repair		currently as storage. It will be		7/22/21		
	the seat and was planning to come in this week Former Client would use the bathroom located in the middle hallway. Client #1 never used the tub/shower in that bathroom.			ensured that this room will be always locked.				
				This will be supervised by the C	QP.			
		process of fixing the room at #1 stayed as well as the						
	bathroom he usedSun room had been used mostly as a storage room.			The facility manager will work to)	9/18/21		
				ensure that the facility grounds		<u> </u>		
		n empty room that was being		maintained in a clean, safe, and				
		that the facility grounds were		attractive manner.				
	not maintained in a manner.	clean, safe and attractive		This will be supervised by the (QP.			
				, , , , , , , , , , , , , , , , , , , ,	•			

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