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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
AND I ENIT OF CONNECTION		152111110111101115211	A. BUILDING: _								
		MHL0601314	B. WING		07/26/2021						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
JEFFERY EVANS HOME 3410 CHARTERHALL LANE											
CHARLOTTE, NC 28215											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (COM DEFICIENCY)						
V 000	INITIAL COMMENTS		V 000								
	An annual and complaint survey was completed on 7-26-21. The complaint was unsubstantiated (intake #NC00178090). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.										
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736								
		EMENTS									
		n and interviews, the facility n a safe, clean, attractive,									
	revealed: -Client #1's bedroom a large piece of plasti carpet, covering the e	21 at 10:30am of the facility floor was carpeted but had c floor covering on top of the entire square footage of the									
	6 -12 inches larger th room and stood abou baseboards surround -the middle of the bed										

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

(X6) DATE TITLE

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		, ,	(X3) DATE SURVEY COMPLETED	
		MHL0601314	B. WING		07	/26/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE, ZIP CODE				
JEFFERY	EVANS HOME		ARTERHALL LA TTE, NC 28215	NE			
(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 736	-each raised section was approximately 4-5 feet in length; -the plastic was not stapled or secured around the footing or baseboards of the bedroom.  Interview on 7-23-21 with Staff #1 revealed: -the sheet of plastic floor covering was placed over the carpet in Client #1's bedroom due to his incontinence; -he had obtained permission from the Chief Executive Officer before purchasing the plastic floor covering; -he had previously attempted to staple the plastic floor covering to the baseboards around the room but it would not stay intact; -the floor covering was flat when it was placed in the bedroom but over time it had raised in the middle of the room which caused 2 bubbled sections; -had a flooring specialist scheduled to give him a		V 736				
	plastic floor covering the room; -Client #1 had never traised areas in the mi Interview on 7-26-21 to Officer revealed:	with the Chief Executive Staff #1 on the flooring					

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