PRINTED: 07/28/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:		COWIFLE							
MHL060-961		MHL060-961	B. WING		07/23/2021							
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
STEELE HOME 1028 ALSTON HILL DRIVE												
	CHARLOTTE, NC 28214											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			(X5) COMPLETE DATE						
V 000	INITIAL COMMENTS		V 000									
	An annual survey was Defeciencies were cit	s completed on 7-23-21. ed.										
	This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living in a Private Residence for All Disability Groups											
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736									
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.											
		ns and interviews the facility and in a clean, safe, attractive										
	revealed: -Some marking of a substitution of the substitution	21 at approximately 8:30 am on the kitchen walls. painting under the toilet ea has cracked pavement es by 6 inches. Pavement is le trip hazard stained throughout.										
	covering the entire in: -Client #1's bedre	ery dirty, with scum/dirt side of the tub. com had a hole in the wall a based board chewed and										

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

(X6) DATE TITLE

PRINTED: 07/28/2021 FORM APPROVED

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	(X3) DATE SURVEY COMPLETED					
		MHL060-961	B. WING		07	//23/2021					
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE							
STEELE HOME 1028 ALSTON HILL DRIVE CHARLOTTE, NC 28214											
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE					
V 736	destroyed -Base board ups and destroyedHouse needs pa Interview on 7-23-21 Living provider reveal	tairs by the staircase chewed ainting throughout. with the Alternative Family	V 736								

Division of Health Service Regulation

STATE FORM STATE FORM XWJ611 If continuation sheet 2 of 2