	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL031-079	B. WING		07/2	9/2021
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	<u> </u>	
PEACE I	HEALTHCARE INC		RT F HARG	ROVE ROAD		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	S	V 000			
	on July 29, 2021. Tunsubstantiated (in Deficiencies were controlled) This facility is licens	take # NC00178170). ited. sed for the following service sC 27G .5600A, Supervised				
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at least repeated for each sunder conditions the	ncy Plans and Supplies O7 EMERGENCY PLANS In for each facility and plan shall be developed and by the appropriate local The made available to all staff cedures and routes shall be of the developed and routes shall be of the developed and routes shall be of the developed and routes shall be the developed and routes shall be the developed and shall be conducted at simulate fire emergencies. The shall be conducted at simulate fire emergencies. The shall be conducted at simulate fire emergencies.	V 114			
	failed to ensure fire at least quarterly ar findings are: Review of facility re documentation of fi	views and interview the facility and disaster drills were held ad repeated on each shift. The				

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

TITLE (X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL031-079	B. WING		07/2	9/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEACE H	HEALTHCARE INC		ERT F HARG DLIVE, NC 2	ROVE ROAD 8365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	documentation of fi in a book in the faci	•				
	Professional (QP) s - The fire and disas and kept in a binde - The binder would	ter drills were documented r at the facility. be made available to the				
	be retrieved and ma - Staff #2 had taker book out of the faci review. - She did not under the binder out of the - She understood the	7/29/21 the see stated: and disaster drill at a sister facility and would ade available for review. In the fire and disaster drill lity and it was not available for stand why staff #2 had taken				
V 364	§ 122C-62. Addition Facilities. (a) In addition to the 122C-51 through Gowho is receiving tree 24-hour facility keep	nal Rights in 24 Hour nal Rights in 24-Hour re rights enumerated in G.S. S. 122C-61, each adult client atment or habilitation in a ps the right to: ve sealed mail and have	V 364			
	access to writing m assistance when no (2) Contact and co	aterial, postage, and staff				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL031-079	B. WING		07/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEACE I	HEALTHCARE INC		ERT F HARG LIVE, NC 28	ROVE ROAD 3365		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 364	professionals of his (3) Contact and co there is a client adv The rights specified restricted by the face exercise these right (b) Except as prov of this section, each treatment or habilitatimes keeps the rig (1) Make and rece calls. All long distant the client at the time collect to the receiv (2) Receive visitors a.m. and 9:00 p.m. hours daily, two houp.m.; however visition over therapies; (3) Communicate as supervision with incurrent upon the consent of (4) Make visits out unless: a. Commitment pi the result of the clie violent crime, includ assault with a dead respondent was for insanity or incapable b. The client was committed to the face commitment to a co Division of Adult Co Public Safety; or c. The client is be	vate mental health, bilities, or substance abuse choice; and insult with a client advocate if rocate. If in this subsection may not be sility and each adult client may ts at all reasonable times, ided in subsections (e) and (h) in adult client who is receiving ation in a 24-hour facility at all hit to: ive confidential telephone ince calls shall be paid for by the of making the call or made ing party; is between the hours of 8:00 for a period of at least six aurs of which shall be after 6:00 ing shall not take precedence and meet under appropriate lividuals of his own choice if the individuals; side the custody of the facility roceedings were initiated as ent's being charged with a ding a crime involving an ly weapon, and the und not guilty by reason of	V 364			

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
		MHL031-079	B. WING		07/2	9/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		223 ROBE	RT F HARG	ROVE ROAD		
PEACE F	IEALTHCARE INC	MOUNT O	LIVE, NC 28	3365		
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa		V 364			
	otherwise prohibited conditions prescribed (5) Be out of doors facilities and equipme several times a week (6) Except as prohipersonal clothing and client is being held proceed pursuant to (7) Participate in re (8) Keep and spen own money; (9) Retain a driver prohibited by Chapt and (10) Have access to his private use. (c) In addition to the 122C-51 through G 122C-59 through G who is receiving tre 24-hour facility has proper adult supervised and intellectual immediate 24-hour facility shall also reasonable efforts to client receives treated.	ibited by law, keep and use and possessions, unless the to determine capacity to o G.S. 15A-1002; eligious worship; da reasonable sum of his is license, unless otherwise are 20 of the General Statutes; individual storage space for e rights enumerated in G.SS. 122C-57 and G.SS. 122C-61, each minor client atment or habilitation in a the right to have access to ision and guidance. In hinor's status as a developing r shall be provided able him to mature physically, estually, socially, and of the physical, emotional, naturity of the minor, the I provide appropriate on and control consistent with the minor pursuant to this Part. To, where practical, make o ensure that each minor ment apart and separate from the treatment needs of the				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL031-079	B. WING		07/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PEACE I	HEALTHCARE INC			ROVE ROAD		
			LIVE, NC 2			
(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 DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 4	V 364			
V 304	habilitation from a 2 (1) Communicate a guardian or the age custody of him; (2) Contact and co or that of his legally cost to the facility, lephysicians, private disabilities, or subsitis or his legally residual (3) Contact and conthere is a client advocation of the rights specified restricted by the factor may exercise these (d) Except as proviof this section, each treatment or habilitating the right to: (1) Make and receduistance calls shall time of making the receiving party; (2) Send and receiving materials, powhen necessary; (3) Under approprivisitors between the p.m. for a period of hours of which shall visiting shall not take therapies; (4) Receive special training in accordance (5) Be out of doors recreation, and phybasis in accordance (6) Except as prohi	24-hour facility has the right to: and consult with his parents or ency or individual having legal ansult with, at his own expense a responsible person and at no egal counsel, private mental health, developmental tance abuse professionals, of eponsible person's choice; and ansult with a client advocate, if ocate. I in this subsection may not be cility and each minor client a rights at all reasonable times. I ided in subsections (e) and (h) an minor client who is receiving ation in a 24-hour facility has alive telephone calls. All long be paid for by the client at the call or made collect to the ve mail and have access to be tage, and staff assistance at esupervision, receive a hours of 8:00 a.m. and 9:00 at least six hours daily, two I be after 6:00 p.m.; however the precedence over school or I education and vocational ance with federal and State law; a daily and participate in play, sical exercise on a regular	V 304			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MIII 004 070	B. WING		0=10	0/0004
		MHL031-079	D. WINO		07/2	9/2021
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PEACE I	HEALTHCARE INC		ERT F HARG LIVE, NC 2	ROVE ROAD 8365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	appropriate superviheld to determine of G.S. 15A-1002; (7) Participate in reasonable and relation of the restriction. Treasonable and relation in the restriction shaqualified profession at which time the restriction of documented in the rights may be renevationed in the restriction of the client's record that it for the restriction. Treasonable and relation of the county period not to excee each restriction shaqualified profession at which time the restriction of documented in the rights may be reneval at the client's record the restriction of documented in the rights may be reneval of the restriction who has not be in each instance of	sion, unless the client is being apacity to proceed pursuant to eligious worship; o individual storage space for personal belongings; o and spend a reasonable sum	V 364			
	by the client shall, use notified of the reit. In the case of a radult client, the legate notified of each or renewal of a rest	upon the consent of the client, striction and of the reason for minor client or an incompetent ally responsible person shall instance of an initial restriction criction of rights and of the cation of the designated				

6899

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL031-079	B. WING		07/2	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEACE I	HEALTHCARE INC		ERT F HARG OLIVE, NC 2	ROVE ROAD 3365		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	individual or legally	age 6 responsible person shall be ing in the client's record.	V 364			
	Based on observat interviews the facili audited clients (#1, access to food and	et as evidenced by: ions, record reviews and ty restricted the rights of 3 of 3 #2, and #4) by restricting their failed to follow up and iction as required. The				
	of the facility revea - A locked padlock - The pantry door w - Both doors to the	on the refrigerator door.				
	 49 year old admitt Diagnoses include Organic Mental Distremission. Treatment/habilitation include documentations. No documentation 	of client #1's record revealed: ted 1/01/20. ed Paranoid Schizophrenia, corder, and Bipolar Disorder, in ation plan dated 10/07/20 did centation of food related of detailed reason for the den on ongoing evaluation of the				
	- She got \$40 each needed, like "snack	n 7/29/21 client #1 stated: n month to spend on things she ks and stuff like that." rchased snacks were kept in				

Division of Health Service Regulation

STATE FORM 6899 X46X11 If continuation sheet 7 of 12

NAME OF PROVIDER OR SUPPLIER PEACE HEALTHCARE INC STREET ADDRESS, CITY, STATE, ZIP CODE 223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 7 the locked staff office If she wanted her snacks, she had to ask staff to get them. Review on 7/27/21 of client #2's record revealed: - 40 year old admitted 5/19/21 Diagnoses included Schizoaffective Disorder, Bipolar type Treatment/habilitation plan dated 3/23/21 did not include documentation of food related behaviors No documentation of detailed reason for the							
PEACE HEALTHCARE INC 223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 7 the locked staff office If she wanted her snacks, she had to ask staff to get them. Review on 7/27/21 of client #2's record revealed: - 40 year old admitted 5/19/21 Diagnoses included Schizoaffective Disorder, Bipolar type Treatment/habilitation plan dated 3/23/21 did not include documentation of food related behaviors No documentation of detailed reason for the			MHL031-079	B. WING		07/2	9/2021
CX4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG COntinued From page 7 The locked staff office. If she wanted her snacks, she had to ask staff to get them. Review on 7/27/21 of client #2's record revealed: 40 year old admitted 5/19/21. Diagnoses included Schizoaffective Disorder, Bipolar type. Treatment/habilitation plan dated 3/23/21 did not include documentation of food related behaviors. No documentation of detailed reason for the PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE DATE (PACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE DATE DATE D	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 7 the locked staff office If she wanted her snacks, she had to ask staff to get them. Review on 7/27/21 of client #2's record revealed: - 40 year old admitted 5/19/21 Diagnoses included Schizoaffective Disorder, Bipolar type Treatment/habilitation plan dated 3/23/21 did not include documentation of food related behaviors No documentation of detailed reason for the	PEACE	HEALTHCARE INC					
the locked staff office. - If she wanted her snacks, she had to ask staff to get them. Review on 7/27/21 of client #2's record revealed: - 40 year old admitted 5/19/21. - Diagnoses included Schizoaffective Disorder, Bipolar type. - Treatment/habilitation plan dated 3/23/21 did not include documentation of food related behaviors. - No documentation of detailed reason for the	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
restriction. During interview on 7/29/21 client #2 stated: - She got money every month She used her money to purchase cigarettes She kept her personal snacks in bags in her bedroom. Review on 7/27/21 of client #4's record revealed: - 61 year old admitted 1/01/20 Diagnoses included Schizophrenia and Intellectual/Developmental Disorder, mild Treatment/habilitation plan dated 11/21/20 did not include documentation of food related behaviors No documentation of detailed reason for the rights restriction and no ongoing evaluation of the restriction. During interview on 7/29/21 client #4 stated: - She got money once a month She spent her money on cigars or cigarettes and snack items such as fruit, cakes and soda Her snacks were placed in the refrigerator, "food closet" or staff office Staff had to "run back and forth" to unlock the food storage areas when she and her	V 364	the locked staff offic- If she wanted her get them. Review on 7/27/21- 40 year old admitt- Diagnoses include Bipolar type Treatment/habilita include documentation rights restriction an restriction. During interview on - She got money every she used her more she kept her persibedroom. Review on 7/27/21- 61 year old admitted persibedroom. Review on 7/27/21- 61 year old admitted persibedroom. Review on 7/27/21- 61 year old admitted persibedroom. Diagnoses included Intellectual/Developediated persions. No documentation rights restriction an restriction. During interview on - She got money or - She spent her modern and snack items such that she were closet or staff officers of staff officers of staff officers of the staff o	ce. snacks, she had to ask staff to of client #2's record revealed: led 5/19/21. led Schizoaffective Disorder, attion plan dated 3/23/21 did not tion of food related behaviors. In of detailed reason for the dono ongoing evaluation of the or 7/29/21 client #2 stated: very month. The properties are considered to purchase cigarettes. In order the order of client #4's record revealed: led 1/01/20. Led Schizophrenia and lomental Disorder, mild. Letton plan dated 11/21/20 did lentation of food related on of detailed reason for the dono ongoing evaluation of the order of the dono ongoing evaluation of the late of of late of the late of lat	V 364			

Division of Health Service Regulation

STATE FORM 6899 X46X11 If continuation sheet 8 of 12

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL031-079	B. WING		07/2	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PEACE I	HEALTHCARE INC		ERT F HARG OLIVE, NC 28	ROVE ROAD 8365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 8	V 364			
	During interview on - She assumed the locked because "we - "Some of the ladie they'll eat and drink - She did not know - She did not know areas was in any of During interview on - The refrigerator at locked only at night down." - Clients would steat a locked area There were no per stored in the pantry locked staff room During interviews of Qualified Profession - Clients could purce their money Snacks purchased the facility kitchen She did not know - No food related be any of the clients' tr	7/26/21 staff #1 stated: refrigerator and pantry were have theft problems." se steal, if we leave it open it all." which client stole food. if locking the food storage the treatment plans. 7/29/21 staff #2 stated: nd pantry were supposed to be "only when the house shuts all the food if it was not kept in resonally purchased snacks those were stored in the n 7/27/21 and 7/29/21 the nal stated: hase what they wanted with				
	pantry with staff and as a clients' rights v During interview on Administrator/Licen - A former client sto	7/29/21 the see stated: le food and the refrigerator				
	and pantry were loc facility.	ked when she lived at the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL031-079	B. WING		07/2	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
PEACE I	HEALTHCARE INC		RT F HARG LIVE, NC 28	ROVE ROAD 3365		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRIES OF THE APP	ULD BE	(X5) COMPLETE DATE
V 364	- The lock had not k refrigerator since th discharged.	peen removed from the e former client was estricting the clients' access to	V 364			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 03 LOCATION AND REMENTS its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	was not maintained manner free from o are: Observation on 7/20 3:00 pm and 4:00 p - Brown stains of vathe living room. - Unpainted repairs the living room. - Blue staining to the in the living room. - The dining table in touch with food resi - The latching mech from bedroom door - A sour odor in hall	ons and interview the facility in a safe, clean, attractive ffensive odors. The findings 6/21 between approximately m revealed: arying sizes on the ceiling in of varying sizes to the walls in e seat cushions of a tan sofa a the living room was sticky to due present. In anisms had been removed as throughout the facility.				

6899

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 736 Continued From page 10 bathtub in bathroom #1. - Paint over the toilet was peeling in bathroom #1. - 4 broken window blind slats in bathroom #1. - The bathtub in bathroom #1 drained slowly. - Two dirt insect nests to the wall above window in	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI		
NAME OF PROVIDER OR SUPPLIER PEACE HEALTHCARE INC 223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 10 bathtub in bathroom #1. - Paint over the toilet was peeling in bathroom #1. - 4 broken window blind slats in bathroom #1. - The bathtub in bathroom #1 drained slowly. - Two dirt insect nests to the wall above window in		MHL031-079	B. WING		07/2	07/29/2021	
PEACE HEALTHCARE INC 223 ROBERT F HARGROVE ROAD MOUNT OLIVE, NC 28365 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE V 736 Continued From page 10 V 736 bathtub in bathroom #1 4 broken window blind slats in bathroom #1 The bathtub in bathroom #1 drained slowly Two dirt insect nests to the wall above window in	NAME OF DROVIDED OR SURDUIED	•			1 02	0,202.	
X4) ID SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG Continued From page 10 Deficiency was peeling in bathroom #1.	NAME OF FROVIDER OR SUFFLIER						
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 10 Dathtub in bathroom #1 Paint over the toilet was peeling in bathroom #1 4 broken window blind slats in bathroom #1 The bathtub in bathroom #1 drained slowly Two dirt insect nests to the wall above window in	PEACE HEALTHCARE INC						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 10 bathtub in bathroom #1. - Paint over the toilet was peeling in bathroom #1. - 4 broken window blind slats in bathroom #1. - The bathtub in bathroom #1 drained slowly. - Two dirt insect nests to the wall above window in	(VA) ID SUMMARY ST/		1		ON	(VE)	
bathtub in bathroom #1. - Paint over the toilet was peeling in bathroom #1. - 4 broken window blind slats in bathroom #1. - The bathtub in bathroom #1 drained slowly. - Two dirt insect nests to the wall above window in	PREFIX (EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE	
bathtub in bathroom #1. - Paint over the toilet was peeling in bathroom #1. - 4 broken window blind slats in bathroom #1. - The bathtub in bathroom #1 drained slowly. - Two dirt insect nests to the wall above window in	V 736 Continued From pa	age 10	V 736				
bathroom #1. - 4 broken window blind slats in client #2's bedroom. - The strong odor of insect spray in client #2's bedroom. - A small candle style light bulb with no protective globe in the ceiling fan fixture in client #1 and #3's bedroom. - A broken drawer in client #6's dresser The shower curtain in bathroom #2 had a black, mildew-like stain at the bottom approximately 12 inches high for the length of the curtain; the bathtub was stained The floor immediately in front of the bathtub in bathroom #2 sank slightly when stepped on The air register in the floor vent was not securely seated in the hole in bathroom #2 Paint was peeling from the walls and ceiling in bathroom #2 The vanity cabinet in bathroom #2 was missing a doorknob There was damage to the wall behind the toilet tank in bathroom #2 The toilet paper holder and paper towel holder were broken in bathroom #2 A heavy coating of dust inside the light fixture over the sink in bathroom #2 Blocken window blind slats in the kitchen window Black stains on the pantry door A plastic margarine container on the counter beside the stove contained what appeared to be used cooking oil with several dead gnats floating at the top and stuck to the inside wall of the	bathtub in bathroor - Paint over the toil - 4 broken window - The bathtub in ba - Two dirt insect ne bathroom #1 4 broken window bedroom The strong odor of bedroom A small candle sty globe in the ceiling bedroom A broken drawer i - The shower curta mildew-like stain at inches high for the bathtub was staine - The floor immedia bathroom #2 sank - The air register in securely seated in - Paint was peeling bathroom #2 The vanity cabine a doorknob There was damag tank in bathroom # - The toilet paper h were broken in batt - A heavy coating of over the sink in batt - Broken window bl window Black stains on th - A plastic margarin beside the stove co used cooking oil wi	m #1. let was peeling in bathroom #1. blind slats in bathroom #1. athroom #1 drained slowly. lets to the wall above window in blind slats in client #2's of insect spray in client #2's yle light bulb with no protective fan fixture in client #1 and #3's in client #6's dresser. in in bathroom #2 had a black, to the bottom approximately 12 length of the curtain; the id. ately in front of the bathtub in slightly when stepped on. In the floor vent was not the hole in bathroom #2. If from the walls and ceiling in at in bathroom #2 was missing ge to the wall behind the toilet if conditions and paper towel holder hroom #2. Indider and paper towel holder hroom #3.	V 736				

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL031-079	B. WING		07/2	9/2021
	PROVIDER OR SUPPLIER	223 ROBE		STATE, ZIP CODE ROVE ROAD 8365	-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 736	- Stains on the kitch - The wall behind the stains Approximately 15 the exterior door by - Spider webs and of front door Air return grill in the Flies throughout the Walls throughout the The paint on the of several places throughout the particulate matter facility Several broken pict the base of the front hazard. During exit interview	hen ceiling. he stove had brown splatter broken window blind slats on the medication room. cobwebs in the hallway by the he hallway was rusty. he facility. the facility were scuffed. heiling was peeling away in hughout the facility. on the floors throughout the heces of concrete placed in at ht steps presented a safety W on 7/29/21 the he see gave no response when	V 736			