		(X1)PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
PLAN OF C	ORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			B. WING			
		MHL062-035	B. W. TO		07/	19/2021
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
		3963 NC /	ALT 220 HW	Y N		
D & S C	DUNTRY MANOR	SEAGRO	VE, NC 273	41		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
V 114	on July 19, 2021. Tunsubstantiated (Interpretation Deficiencies were controlled This facility is licens category: 10A NCA Living for Adults with	take #NC00177597).	V 114			
	10A NCAC 27G .02 AND SUPPLIES (a) A written fire area-wide disaster p shall be approved b authority. (b) The plan shataff and evacuation be posted in the fac (c) Fire and disastell be held at least repeated for each slunder conditions that	07 EMERGENCY PLANS e plan for each facility and plan shall be developed and y the appropriate local all be made available to all n procedures and routes shall		As per article (c.) We have worked update for the fire and disaster disprocess to ensure that the schedulis updated to hold quarterly drills each shift and properly placed in and disaster drill log. It is also appropriately stated that QP shall supervise these drills.	rill ule for fire	9/18/21
	failed to conduct fire conditions that simu and for each shift. T	view and interview, the facility and disaster drills under late emergencies quarterly		AUG 0 4 2021 Lic. & Cert. Section		

	STATEMENT OF DEFICIENCIES AND (X1) PROVIDER/SUPPLIER/CLI. PLAN OF CORRECTION IDENTIFICATION NUMBER:		**************************************		(X3) DATE SURVEY COMPLETED	
		The second secon	A. BUILDING:			
		MHL062-035	B. WING		07/19	9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
D&SC	D & S COUNTRY MANOR			/Y N		
	SOUTH MARKON	SEAGRO	VE, NC 273	41		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) 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.				
	revealed: -2/18/21- 1st and 2r PM which entailed to shift12/12/20- 1st shift10/3/20- 1st shift8/10/20- 1st shiftThere were no disa and second shift for Disaster drill perform	of the facility's disaster drill log and shift (performed at 7:00 both shifts.) -12/12/20- 2nd ester drills performed on first the second quarter of 2021 ned on 2/18/21 was done to second shift for the first				
	She was under the idisaster drills had be second quarter of 20 She was unaware the sufficient to cover two-She confirmed the idisaster drills under	ied Professional revealed: - mpression that fire and een performed for the 021, but were never filed nat one drill would be				
	10A NCAC 27G .030 EXTERIOR REQUIF (c) Each facility and maintained in a safe	REMENTS	V 736			

	STATEMENT OF DEFICIENCIES AND (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	19 d		A. BUILDING		COMP	LETED
			B. WING			
		MHL062-035			07/	19/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
D&SC	DUNTRY MANOR	3963 NC A	LT 220 HW	YN		
		SEAGROV	/E, NC 273	41		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 2	V 736			
	odor.					
	failed to ensure faci in a clean, safe and findings are: Observation on 7/19 Hall Bathroom revea -There was mold/mi between the tub and -The floor of the tub	on and interview, the facility lity grounds were maintained attractive manner. The 9/21 at 8:45 AM of the Middle aled: Idew all around the edge of the wall. was dirty/stained.		The bathroom and bathtub will be cleaned and regrouted. All the mand mildew will be properly removand treated. Bathroom #2 will have a new toile installed in the next week. This will be supervised by the Q	old oved et	9/18/21
	Bathroom at the of t -The toilet seat was the front. Observation on 7/19 area revealed: -There were miscellaroom, including a Ch decorations.			The sunroom will be cleaned, and miscellaneous items will be propestored.	COMMEN	9/18/21
	roomBoxes scattered thr Interview on 7/19/21 Administrator/Qualifi Client #1 was very s	with Staff #1 and the ed Professional revealed: - trong and did not know his d broken several toilet seats		This will be supervised by the QP).	
	-They had tried to but that would go down	by other kind of toilet seats by themselves, but he was seat himself and would end				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:			A (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL062-035	B. WING		07/	19/2021
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY,	, STATE, ZIP CODE	077	13/2021
		3963 NC A	ALT 220 HV	VY N		
	DUNTRY MANOR		VE, NC 273	341		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 3	V 736			
	up breaking them.			The country best for the country of		
	-They had already o	contacted a person to repair		The empty bedroom is used		7/22/21
	the seat and was pl	anning to come in this week		currently as storage. It will be ensured that this room will be		
	Former Client would	d use the bathroom located in				
	the middle hallway. tub/shower in that b	Client #1 never used the		always locked.	_	
		rocess of fixing the room		This will be supervised by the Q	.P.	
	where Former Clien	t #1 stayed as well as the				
	bathroom he used.	a up and proportive as a stansaria		The facility manager will work to		9/18/21
	room.	n used mostly as a storage		ensure that the facility grounds v		
		empty room that was being		maintained in a clean, safe, and	viii be	
	used as a storage ro			attractive manner.		
		that the facility grounds were clean, safe and attractive		attractive manner.		
	manner.	clearl, sale and attractive		This will be supervised by the C	P	
				, , , , , , , , , , , , , , , , , , , ,		

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 C	ORRECTION	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	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 SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D 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			
	AND SUPPLIES (a) A written fire area-wide disaster shall be approved be authority. (b) The plan sh staff and evacuation be posted in the fact (c) Fire and dis shall be held at leas repeated for each s under conditions the	e plan for each facility and plan shall be developed and by the appropriate local all be made available to all a procedures and routes shall cility. aster drills in a 24-hour facility st quarterly and shall be hift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies		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				

STATE FORM 6899 8BCW11 If continuation sheet 1 of 4

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		
		MHL062-035	B. WING		07/1	9/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
D&SCC	OUNTRY MANOR	3963 NC A	LT 220 HW	Y N		
		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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	-2/18/21- 2nd shift12/2/20- 1st shift10/1/20- 2nd shift8/20/20- 1st shiftThere were no fire second shift for the Review on 7/19/21 revealed: -2/18/21- 1st and 20 PM which entailed I shift12/12/20- 1st shift10/3/20- 1st shift8/10/20- 1st shiftThere were no disa and second shift for Disaster drill perform	drills performed on first and second quarter of 2021. of the facility's disaster drill log and shift (performed at 7:00 both shifts.) -12/12/20- 2nd easter drills performed on first or the second quarter of 2021 med on 2/18/21 was done to second shift for the first				
V 736	Interview on 6/27/19 with the Administrator/Qualified Professional revealed: - She was under the impression that fire and disaster drills had been performed for the second quarter of 2021, but were never filed She was unaware that one drill would be sufficient to cover two shiftsShe confirmed the facility failed to conduct disaster drills under conditions that simulate emergencies quarterly and for each shift 2736 27G .0303(c) Facility and Grounds Maintenance 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		V 736			

6899

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND (X1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* *	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL062-035	B. WING		07/19/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
		3963 NC A	LT 220 HW	ſ N		
D & S CC	OUNTRY MANOR	SEAGROV	/E, NC 2734	1		
(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 APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 2	V 736			
	odor.					
	This Rule is not me Based on observati	on and interview, the facility		The bathroom and bathtub will b	oe	9/18/21
	failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:			cleaned and regrouted. All the m and mildew will be properly rem and treated.		
	Hall Bathroom reve	ildew all around the edge d the wall.		Bathroom #2 will have a new toi installed in the next week. This will be supervised by the C		7/20/24
	Bathroom at the of	9/21 at 8:53 AM of the the Hallway revealed: broken and missing a piece of		,		7/28/21
	area revealed: -There were miscel room, including a C decorations.	rame in the middle of the		The sunroom will be cleaned, an miscellaneous items will be propstored. This will be supervised by the O	erly	9/18/21
	Administrator/Qualic Client #1 was very sown strength. He had at the house alread -They had tried to be that would go down	1 with Staff #1 and the fied Professional revealed: - strong and did not know his ad broken several toilet seats y. buy other kind of toilet seats by themselves, but he was e seat himself and would end				

Division of Health Service Regulation

PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL062-035	B. WING		07/1	9/2021
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
D 0 0 00	NINTRY MANOR	3963 NC A	LT 220 HW	Y N		
D&SCC	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 CORRECTIO (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		
	-They had already of	contacted a person to repair		currently as storage. It will be		7/22/21
		anning to come in this week		ensured that this room will be		
	the middle hallway.	Client #1 never used the		always locked.		
	tub/shower in that be-	pathroom. process of fixing the room		This will be supervised by the C	QP.	
	where Former Clier	nt #1 stayed as well as the				
	bathroom he usedSun room had bee	n used mostly as a storage		The facility manager will work to)	9/18/21
	room.	n empty room that was being		ensure that the facility grounds	will be	
	used as a storage r	oom.		maintained in a clean, safe, and attractive manner.		
		I that the facility grounds were clean, safe and attractive		attractive manner.		
	manner.			This will be supervised by the	QP.	

6899