

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/06/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAITH THERAPEUTIC SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1102 DUCHESS LANE HUBERT, NC 28539</b>
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(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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 6, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F, Supervised Living/Alternative Family Living.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 8/6/21 between 9:30 am and 10:00 am revealed:</p> <ul style="list-style-type: none"> <li>-Strong pungent odor; urine smell present.</li> <li>-Door frame around the front door: paint finish worn and scarred.</li> <li>-Baseboard register behind sofa, visible on entry through the front door, was split with dust/debris build up on surface.</li> <li>-Kitchen trashcan open with dust and food particles on the floor in front of the receptacle.</li> <li>-Front of refrigerator covered with stains/residue streaks.</li> <li>-Brown spatter on lower cabinet beside refrigerator.</li> </ul>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-Back storm door from utility room would not stay closed; dust and dirt build up on the surface of the door and the threshold.</li> <li>-Door facing and wall near the door was unfinished and stained.</li> <li>-White splatter staining on water faucet in bathroom.</li> <li>-Plastic mat lying on grass beside the ramp entering the front of the home.</li> </ul> <p>Interview on 8/6/21 the Licensee stated:</p> <ul style="list-style-type: none"> <li>-Some repairs had been done over the year but it had been difficult due to the pandemic.</li> <li>-She would correct the identified issues.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not kept free from insects. The findings are:</p> <p>Observations on 8/6/21 between 9:30 am and 10:00 am revealed:</p> <ul style="list-style-type: none"> <li>-2 dead bugs, about 1/2 inch long, lying on floor next to kitchen table.</li> <li>-Dead bug on top of kitchen table.</li> <li>-Dead bug similar to those by the table was lying</li> </ul>	V 738		

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V 738	<p>Continued From page 2</p> <p>on floor in front of the stove.</p> <p>-Live ants were seen crawling up the edge of the back storm door.</p> <p>Interview on 8/6/21 the Licensee stated:</p> <p>-She did her own pest control by spraying.</p> <p>-If needed she would get a professional to treat for bugs.</p>	V 738		