

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-245</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOORE STREET RESIDENTIAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>406 WEST MOORE STREET GREENVILLE, NC 27834</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 20, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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>Observation on 08/17/21 at approximately 10:40am revealed:</p> <ul style="list-style-type: none"> <li>-The cabinets in the kitchen above the stove the covering was peeling from both doors.</li> <li>-The bottom of the dishwasher in the kitchen was rusted.</li> <li>-Several drawers in the kitchen were missing sections of the covering of he drawers.</li> <li>-2 drawers in the kitchen would not close properly.</li> <li>-Client #1's dresser draws were broken and would not close properly.</li> <li>-The hall bathroom had a soft spot in the floor in front of the shower.</li> </ul>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <p>-The hall bathroom light was missing a light bulb out of three.</p> <p>During interview on 08/17/21 the House Manager revealed: -He would address the issues with maintenance.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		