` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL001-074	B. WING		08/3	0/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		-	
	COZIE'S SUPERVISED LIVING 3341 OAK TREE LANE						
		LIBERTY,	NC 27298				
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
	An annual survey w 2021. A deficiency v	vas completed on August 30, was cited.					
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	failed to ensure factin a clean, safe and findings are:	et as evidenced by: on and interview, the facility ility grounds were maintained I attractive manner. The 0/21 at 12:43 P.M. of the					
	Living Room area re -Walls were dirty wi	evealed: th lint and cobwebs.					
	Bathroom revealed -There was mold/m tiles inside the bath -Patchwork comple area was unfinished over.	ildew on the grout of the wall					
	and did not light up.						

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

(X6) DATE TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL001-074	B. WING		08/3	80/2021
	PROVIDER OR SUPPLIER SUPERVISED LIVING	3341 OAK	DRESS, CITY, S TREE LANI NC 27298	STATE, ZIP CODE E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 736	-One of the light fixt by its cableThere were two ho sinkBoth sink faucets we calcium. Observation on 8/30 Bedroom located at revealed:: -Carpet was stainedThere were clothes and outside the closs of the complex of the co	tures by the sink was dangling the between the mirrors by the were heavily covered with 0/21 at 12:48 P.M. of the tend of hall and to the left dand dirty. It is and bed covers on the floor set and dresser. 0/21 at 12:50 P.M. of the tend of hall and to the right all stains on the carpet. 0/21 at 12:52 P.M. of the front of the hall bathroom all stains on the carpet. 0/21 at 12:55 P.M. of the arrevealed: It is the covering an exhaust the tend of the kitchen revealed: It is the carpet by the of the carpet by the	V 736			

Division of Health Service Regulation

STATE FORM 6899 4QQ711 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-074	B. WING		08/3	0/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COZIEIS	COZIE'S SUPERVISED LIVING 3341 OAK TREE LANE					
COZIE 3	SUPERVISED LIVING	LIBERTY,	NC 27298			
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 736	Continued From pa	nge 2	V 736			
	Bathroom located i	nside the room revealed: wer area had a piece coming				
	Observation on 8/30/21 at 1:05 P.M. of the outside of the backdoor revealed: -Wood frame was rotten at the bottom.					
	-He had started wo months ago.-He was aware of p-He was informed t landlord.	9 with staff #1 revealed: rking at this house a few parked vehicles in property. hat they belonged to property's				
	 -There had been a leak coming from upstairs bathroom that created damage to the ceiling downstairs. -Work on ceiling had not been finalized. 					
	Interview on 9/19/19 with the Assistant Director revealed: -Agency was responsible for making necessary					
	repairs to the home -Residents were su with staff assistance	e. ipposed to vacuum their rooms e.				
	planning to use it to bathroom.	remover liquid and was o clean the faucets in the				
	for several yearsHe knew the carpe	ets needed to be replaced.				
		e back of the house had ced, but water had damaged				
	-Some of the reside maintaining things -Some of the reside things apart from fu	ents liked to pick and pull urniture or fixtures.				
		the facility failed to ensure re maintained in a clean, safe				

Division of Health Service Regulation

STATE FORM 6899 4QQ711 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU MHL001-074		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
		MHL001-074			08/	30/2021	
	PROVIDER OR SUPPLIER SUPERVISED LIVING	3341 OA	ADDRESS, CITY, ST AK TREE LANE Y, NC 27298				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From parameter and attractive mann		V 736				

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