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		
		MHL073034	B. WING		09/1	3/2021	
					03/1	3/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
MAIN STREET GROUP HOME 411 SOUTH MAIN STREET  ROXBORO, NC 27573							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ARY STATEMENT OF DEFICIENCIES  FICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)  ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			
V 000	INITIAL COMMENT	rs -	V 000				
	13, 2021. A deficier This facility is licens category: 10A NCA	sed for the following service C 27G .5600C Supervised					
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe						
	failed to ensure factin a clean, safe and findings are:	on and interview, the facility ility grounds were maintained attractive manner. The					
	Client #4's bedroom	3/21 at about 12:00 pm of revealed: stain spots throughout the					
	room located on rig revealed:	3/21 at about 12:03 pm of ht side of the hallway ficant number of stain spots all n.					
	Observation on 9/13 Client #5's bedroom	3/21 at about 12:05 pm of n revealed:					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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		MHL073034	B. WING		09/1	3/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAIN ST	REET GROUP HOME	i	'H MAIN STF			
240.15	CLIMMADY CTA		O, NC 27573			0.(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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	D BE	(X5) COMPLETE DATE
V 736	Continued From page 1		V 736			
	-Carpet had severa room.	al stain spots all throughout the				
	Observation on 9/13/21 at about 12:08 pm of Client #2's bedroom revealed: -Carpet had a significant number of stains all throughout the room.  Observation on 9/13/21 at about 12:10 pm of Client #1's bedroom revealed: -Carpet had a significant number of stains all throughout the room.  Observation on 9/13/21 at about 12:13 pm of Client #3's bedroom revealed: -Carpet had a significant number of stains all throughout the room.					
	Living area reveale -Carpet had a signi throughout the roor -Carpet in front of c	ficant number of stains all				
	hallways revealed:	3/21 at about 12:17 pm of the				
	and the Services D -They were aware to needed to be replace. Home belonged to and Urban Develop and Urban Develop HUD was responsione and replacing Agency had put in replacing the carpe	that the carpet at the house ced. the Department of Housing oment (HUD). ible for doing repairs to the				

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STATE FORM 6899 KPQC11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL073034	B. WING		09/1	13/2021	
	NAME OF PROVIDER OR SUPPLIER  MAIN STREET GROUP HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  411 SOUTH MAIN STREET  ROXBORO, NC 27573						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 736	-It had been their ex- sometimes took a le that had broken down -They acknowledge	experiences that HUD conger time to replace things wn at the house. that facility failed to ensure e maintained in a clean, safe	V 736				

6899

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