

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/16/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on September 16, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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 8/14/21 at approximately 1:00pm of the facility revealed:</p> <ul style="list-style-type: none"> -Upholstery surface of the entrance bench was worn away and cracked. -Suite G had a light bulb in non-working order and the inside of the toilet was dirty with a black substance. -Suite D had 2 light bulbs in non-working order and the inside of the toilet was dirty with a black substance. -Suite C had 2 light bulbs in non-working order and the bathtub/shower was stained. -Suite B had 2 light bulbs in non-working order 	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/16/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 736	<p>Continued From page 1</p> <p>and the inside of the toilet was dirty with a black substance.</p> <p>-Upholstery surface on two recliners and two loveseat's in the sitting area was worn away and cracked.</p> <p>-Suite H had black markings on the walls around the wall receptacle and the toilet was dirty with a black substance. The ceiling in the bathroom had a large black stain and the walls were dirty with debris.</p> <p>-Suite I had peeling of the paint behind the and around the bed, the bathtub was very stained and the bathroom walls were dirty.</p> <p>-Suite J had a light bulb in non-working order.</p> <p>During interview on 08/14/21 the Program Director revealed:</p> <p>-Furniture had already been ordered to replace the damaged couches and recliners in the facility.</p> <p>-She would contact the maintenance staff to address the other issues in the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		