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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL040-026	B. WING		10/0	1/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EDWARD	EDWARDS GROUP HOME #3 1233 APPLE TREE ROAD STANTONSBURG, NC 27883					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000				
	2021. Deficiencies					
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	was not maintained and orderly manner	ons and interview, the facility in a safe, clean, attractive				
	Approximately 10:0 - The flood light fixt hanging from the bi	ure under the back porch was				
	room table. - The living room over bulbs that worked. - A handle on the king a client #1's bathroom to be compared to be com	Opm: on the floor behind the dining verhead light had one of two tchen cabinet was broken. om had the toilet paper holder acket was attached to the				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL040-026	B. WING		10/0	1/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EDWARD	S GROUP HOME #3		LE TREE RO			
	011111111111111111111111111111111111111		SBURG, NC		011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From page 1		V 736			
	torn. The floor vent - The comforters in bedroom were appo Client #3 and #4's walls Client #6's bedrood - The bedroom doo smudge marks on t - The yard had hole the septic tank area	client #2 and client #5's eared heavily soiled. bedroom had marks on the om had white spots on the wall. rs for all the clients had the surfaces. es and uneven surfaces near a. 21 the Licensee stated: ome repairs to the septic				
V 774	EQUIPMENT (d) Indoor space re prior to October 1, square footage req time. Unless otherw residential facilities 1988 shall meet the requirements: (7) Minimum furnishinclude a separate	quirements: Facilities licensed 1988 shall satisfy the minimum uirements in effect at that vise provided in these Rules, licensed after October 1, e following indoor space nings for client bedrooms shall bed, bedding, pillow, bedside for personal belongings for	V 774			
		et as evidenced by: on and interview, the facility				

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FORM 6899 PVKT11 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	
		MHL040-026	B. WING		10/0	01/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
EDWARDS GROUP HOME #3 1233 APPLE TREE ROAD STANTONSBURG, NC 27883							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 774	Observation on 09/12:00pm revealed: - Client #3 and #5 r - No bedside tables Interview on 09/30/2	ninimum furnishings for client dings are: 30/21 at approximately esided in the same room. were in the rooms. 21 the Licensee stated she 3 and #4's bedroom needed to	V 774				

6899

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PVKT11 If continuation sheet 3 of 3