Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL001-074 B. WING 08/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3341 OAK TREE LANE COZIE'S SUPERVISED LIVING LIBERTY, NC 27298 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on August 30, 2021. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. COZIE'S SUPERVISED LIVING, INC HAS HIRED A CONTRACTOR TO PERFORM MANY OF THE FAULTY This Rule is not met as evidenced by: MAINTENANCE IMPROVEMENTS Based on observation and interview, the facility MENTIONED IN THE STATE INSPECTION failed to ensure facility grounds were maintained AMPIT. WALKTHROUGH WAS in a clean, safe and attractive manner. The findings are: EUWDUCTED ON 09/05/2021. Observation on 8/30/21 at 12:43 P.M. of the Living Room area revealed: WHILLS WERE CLEANNED IMMEDIATELY -Walls were dirty with lint and cobwebs. DW-60, NE Observation on 8/30/21 at 12:45 P.M. of the Hall Bathroom revealed: WEEKLY HOUSKERPING INSPECTION -There was mold/mildew on the grout of the wall MUBÉ COMBLETED BY MANAGEMENT 09/10/21 AND STATE ANDIT FINDINGS WILL BE tiles inside the bathtub. IN GUNZ-ADDED TO LIST FOR HOUSEKEEPING -Patchwork completed on drywall inside bathtub CONTRACTOR HIRED TO REPAIR WALLS area was unfinished and needed to be painted AND LIGHT FIXTURES IN BATHLOOM -Light fixtures on wall by the sinks were broken and did not light up. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE QUALIFIED PROFESSIONAL 09/08/2021

6899

SEP 1 3 2021

DHSR - Mental Health Continuation sheet 1 of 4

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:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			7. BOILDING.					
MHL001-074		B. WING		08	08/30/2021			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
COZIE'S SUPERVISED LIVING  3341 OAK TREE LANE LIBERTY, NC 27298								
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICS)	DBE	(X5) COMPLETE DATE		
V 736	<ul> <li>V 736 Continued From page 1 <ul> <li>One of the light fixtures by the sink was dangling by its cable.</li> <li>There were two holes between the mirrors by the sink.</li> <li>Both sink faucets were heavily covered with calcium.</li> </ul> </li> <li>Observation on 8/30/21 at 12:48 P.M. of the Bedroom located at end of hall and to the left revealed:: <ul> <li>Carpet was stained and dirty.</li> <li>There were clothes and bed covers on the floor and outside the closet and dresser.</li> </ul> </li> <li>Observation on 8/30/21 at 12:50 P.M. of the Bedroom located at end of hall and to the right</li> </ul>		V 736	CONTRACTOR HIRED TO RED WHELS AND LIGHT FIXTURE		10/15/21		
				PROPER CHEMICALS HAVE BEEN PURLHASED TO CLEAN FANCETS. ON-GOING CLEANING		9/3/21 tn-Go:N		
				REMOVAL OF CARPET AND I WITH A DIFFERENT FLOWER-SO ROOM CHECKS AND CLEANING DAILY / MULNING POUTINES	urface. Ic			
revealed: -There were several stains on the -Carpet was dirty.  Observation on 8/30/21 at 12:52 is		stains on the carpet.		REMOVAL OF CAPPET AN REPLACE WITH A DIFFEREN SURFACE. REPLACE DAM DRESSER	FIME	10/15/21		
	Bedroom located in front of the hall bathroom revealed: -There were several stains on the carpetCarpet was dirtyDrawers from the dresser were broken.			VICE ISEIC				
	ceiling by the Hallwa	film covering an exhaust		REMOVED PLANTIC FILM, COE AND ADD TO WEEKLY HOUSEKE INSPECTION.		9/3/21 on-Going		
	Bedroom located bel -There was a large s entrance that was we	21 at 12:57 P.M. of the nind the kitchen revealed: ection of the carpet by the et.		PURCHASED NEW WASHER M AND HOSES. CARPET WILL BE AND REPLACED WITH A DIFFE TYPE FLOOR SURFACE.	DOMENE	0 4/2/21		
	Observation on 8/30/	21 at 12:59 P.M. of the						

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONS

AND PLAN OF CORRECTION		OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
-			MHL001-074	B. WING		08/30/2021	
	(X4) ID PREFIX TAG	IAME OF PROVIDER OR SUPPLIER  COZIE'S SUPERVISED LIVING  (X4) ID  PREFIX  TAG  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 2  Bathroom located inside the room revealed:		DDRESS, CITY, STATE, ZIP CODE  K TREE LANE  NC 27298  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)  CROSS-REFERENCED TO THE APPROPR DEFICIENCY)  V 736		ON O BE PRIATE	(X5) COMPLETE DATE
				THE SHOWER MOLDING AT BO OF SHOWER ITMS BEEN REPAIR OF SHOWER ITMS BEEN REPAIR THE CONTRACTOR WILL REPAIR DOIR FRAME AS PART OF SCO HIS HOME IMPROVEMENT PO (WEEKLY INSPECTION)  THE MANAGEMENT TEAM; HUNGE MANAGER AUAUFIED PROFESSIONALS CLINICAL DIRECTOR OWNERS  WILL BE CONDUCTIVE THE INSPECTIONS OF HOUSE ON-6	TIMED.  THE OF AFE  LOSECT.	10/15/21	

PRINTED: 08/31/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ MHL001-074 B. WING\_ 08/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3341 OAK TREE LANE COZIE'S SUPERVISED LIVING LIBERTY, NC 27298 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 736 Continued From page 3 V 736 and attractive manner

Division of Health Service Regulation













































