PRINTED: 10/11/2021 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: _ R B. WING MHL068-139 10/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2032 HOMESTEAD ROAD **HOMESTEAD PLACE** CHAPEL HILL, NC 27516 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow-up survey was completed on October 8, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. 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. Mold/Mildew was cleaned and This Rule is not met as evidenced by: 10/14/21 tub was re-caulked. Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The Shower rod and shower curtain findings are: 10/10/21 rings were replaced. Observation on 10/8/21 at 12:36 pm of the Upstairs Hall Bathroom revealed: Corpet on stairs leading to down--Mold/Mildew on edges between bathtub and 10/10/21 Stairs was cleaned / vacuumed. -Rusted shower rod and rusted shower curtain Basement was cleaned and baserings. ment floor/carnet was cleaned 10/16/21 Observation on 10/8/21 at 12:47pm of the Basement revealed: and vaccomed. -Carpet on stairs leading downstairs were dirty. -Basement was messy and dirty Carpets and flooring were dirty.

Division of Health Service Regulation

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

TITLE

Program Director

(X6) DATE

STATE FORM

8899

4PT011

10-10-21

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additional work.

attractive manner.

order to have things fixed.

-He was not aware that the landscaping needed

-He would forward the report to the Landlord in

-He confirmed the facility failed to ensure facility grounds were maintained in a clean, safe and

This deficiency constitutes a re-cited deficiency

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