PRINTED: 11/17/2021 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
	MHL032-249		B. WING		11/	11/16/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE				
HICKOR	Y GLEN HOME		KORY GLEN LA M, NC 27703	ANE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	N SHOULD BE COMPLET	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on November 16, 2021. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.						
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a saf	803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,				
	failed to ensure fac	et as evidenced by: ion and interview, the facility ility grounds were maintained attractive manner. The					
	Kitchen revealed: -Drawer from cabin	16/21 at 12:20 PM of the et located between ve was broken and missing					
	bedroom located to -It did not have priv	16/21 at 12:25 PM of the first the right revealed: acy blinds. A rolled-up paper and client was not able to roll					
	Observation on 11/	16/21 at 12:30 PM of the first					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MUI 022 240	B. WING				44/
	MHL032-249 ME OF PROVIDER OR SUPPLIER STREET AE		DRESS, CITY, ST		11/	11/16/2021	
HICKOR	Y GLEN HOME	DURHAN	I, NC 27703				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From pa	ge 1	V 736				
	bedroom located to the left revealed: -There were a significant number of holes made by push pins on the wall. -Walls were dirty and needed to be painted over. Observation on 11/16/21 at 12:35PM of the						
	bathroom located ir	n the hall revealed: hts from missing towel rack still					
	outside of the home -There were severa	16/21 at 12:40 PM of the e revealed: I holes and cracks observed e front of the house.					
	Professional reveal -Facility rented the -Landlord was resp the house. -One of the clients I						
	them and agency d with the paper curta bathroom located ir -She was unaware were located inside -Drawer in the kitch	of all the push pin holes that one of the client's room. en had been previously					
	broken and repaired to come off. Agency again. -She would inform on needed to be repair -She acknowledged	d, but the front side continued y was in process of fixing it owner about things that red. I agency failed to ensure e maintained in a clean, safe					

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