STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-228	A. BUILDING: _____ B. WING _____	11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVEREUX RESIDENTIAL SERVICES KINCAID COUR	5 KINCAID COURT DURHAM, NC 27703

(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	INITIAL COMMENTS An annual survey was completed on November 23, 2021. Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility grounds were maintained in a safe, clean and attractive manner. The findings are: Observation on 11/23/21 at 12:00 p.m. revealed: -The hallway bathroom shower head was separated from the wall resulted in a hole in the wall, the vanity cabinet door was cracked, and plaster was peeling around shower curtain rod. -The kitchen was missing a cabinet door at the bottom of the counter. -The bottom of the dishwasher metal cover was bent and sticking out. Interview on 11/23/21 with the Owner/Administrator confirmed the issues	V 736		

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V 736	Continued From page 1 reported. She would work on getting the issues fixed.	V 736		