Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL032-249 B. WING 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HICKORY GLEN HOME 104 HICKORY GLEN LANE DURHAM, NC 27703 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 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 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 facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 11/16/21 at 12:20 PM of the Kitchen revealed: -Drawer from cabinet located between A repair request was submitted to the refrigerator and stove was broken and missing 2021 the front side. landlord on November 19, 2021. Observation on 11/16/21 at 12:25 PM of the first bedroom located to the right revealed: Privacy curtains were purchased and installed -It did not have privacy blinds. A rolled-up paper Nov 19, curtain was placed and client was not able to roll On November 19, 2021. 2021 it down. Observation on 11/16/21 at 12:30 PM of the first

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: COMPLETED MHL032-249 B. WING 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HICKORY GLEN HOME 104 HICKORY GLEN LANE DURHAM, NC 27703 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 736 | Continued From page 1 Push pin holes were repaired on V 736 Nov 19, 2021 bedroom located to the left revealed: November 19, 2021. A request to paint -There were a significant number of holes made by push pins on the wall. the walls was submitted to the landlord -Walls were dirty and needed to be painted over. Dec 29,2021 on November 19, 2021. Observation on 11/16/21 at 12:35PM of the bathroom located in the hall revealed: -There were brackets from missing towel rack still hung on the wall. Towel brackets have been removed. -Walls needed to be painted over. Nov 19, 2021 A request to paint the walls was submitted Observation on 11/16/21 at 12:40 PM of the to the landlord on November 19, 2021. outside of the home revealed: -There were several holes and cracks observed on the sidings on the front of the house. A request was submitted to the Interview on 11/16/21 with the Qualified Professional revealed: landlord to repair the holes and cracked Dec 29, 2021 -Facility rented the house. -Landlord was responsible for making repairs to siding on November 19, 2021. the house -One of the clients had broken the towel rack in the bathroom and it was decided to just take it down. -Client missing the curtains had pulled down on them and agency decided to cover the window with the paper curtain. Client changed inside the bathroom located inside her room. -She was unaware of all the push pin holes that were located inside one of the client's room. -Drawer in the kitchen had been previously broken and repaired, but the front side continued to come off. Agency was in process of fixing it again. -She would inform owner about things that needed to be repaired. -She acknowledged agency failed to ensure facility grounds were maintained in a clean, safe and attractive manner

0SO411