

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

PRINTED: 11/17/2021
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/16/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HICKORY GLEN HOME**104 HICKORY GLEN LANE
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 736	<p>Continued From page 1</p> <p>bedroom located to the left revealed:</p> <ul style="list-style-type: none"> -There were a significant number of holes made by push pins on the wall. -Walls were dirty and needed to be painted over. <p>Observation on 11/16/21 at 12:35PM of the bathroom located in the hall revealed:</p> <ul style="list-style-type: none"> -There were brackets from missing towel rack still hung on the wall. -Walls needed to be painted over. <p>Observation on 11/16/21 at 12:40 PM of the outside of the home revealed:</p> <ul style="list-style-type: none"> -There were several holes and cracks observed on the sidings on the front of the house. <p>Interview on 11/16/21 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Facility rented the house. -Landlord was responsible for making repairs to 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 	V 736	<p>Push pin holes were repaired on November 19, 2021. A request to paint the walls was submitted to the landlord on November 19, 2021.</p> <p>Towel brackets have been removed. A request to paint the walls was submitted to the landlord on November 19, 2021.</p> <p>A request was submitted to the landlord to repair the holes and cracked siding on November 19, 2021.</p>	<p>Nov 19, 2021</p> <p>Dec 29, 2021</p> <p>Nov 19, 2021</p> <p>Dec 29, 2021</p> <p>Dec 29, 2021</p>

Division of Health Service Regulation
STATE FORM

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