Division of Health Service Regula STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 11/12/2021	
		MHL059-096				
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	•	-	
		24 NOR		AVENUE		
	CDOWELL GROUP HON	IE MARION	I, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000			
	on 11/12/21. The con (intake #NC0017982) This facility is license	w up survey was completed mplaint was substantiated 9). Deficiencies were cited. d for the following service 2 27G .1300 Residential en or Adolescents.				
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.					
	failed to keep the fac manner. The findings Observation at 2:00p -in bedroom #1, there 2' area above one of	ns and interviews, the facility ility in a clean and orderly s are: m on 11/10/21 revealed: e was an approximately 2' x the beds that was white in		This area has been painted with ceiling white. The ceiling was painted after the last inspection. The color of the ceiling was bone white and not ceiling white. This is a cosmetic concern and was not a patch repair. However, the entire ceiling has now been painted to ensure no further confusion exists.	12/13/20	
	-the kitchen sink had drain -the overhead light in	atched but was unpainted food debris in the sink and the kitchen was not		The bulb was replaced in the overhead light and now functions properly.	12/13/20	
	the inside of the door refrigerator which we	er had some stains around s and the lower area of the re black and brown in color behind the stove was oris		The kitchen areas have been cleaned in greater detail. Employees have been counseled on the living environment policy and understood that this area is very important to the daily cleanliness of the facility.	12/13/20	
sion of Hea ORATORY I	Ith Service Regulation DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE Administrator 12	(X6) DATE 2/13/2021	
ATE FORM			6899		tinuation sheet 1	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-096			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
		B. WING		R-C 11/12/2021						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 24 NORTH MCDOWELL GROUP HOME MARION, NC 28752										
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE				
V 736	Continued From page	e 1 ad yellow colored grease	V 736							
	stains and some crumbs and black burned on debris on the burners -there was a black, mold like substance on the interior edges of the bathroom window -below the deck at the bottom of the steps there was a pile of wood in the shape of fence pickets; some of the wood was broken and others were splintered with exposed nails.		from the window.	This was not mold. This w from the shower being very window. This area has bee the weekly cleaning expect	v close to the endetailed out in	12/13/202				
				This pile of wood has been r facility grounds. A review o has resulted in other yard del removed as well.	of the property	12/13/202				
	Facilitator (BHF) reve -she was in charge of inspections	aled:								
	BHF does the everyd healthy inspections"			Elizabeth completed month comfort inspections and me drop in visits at random tim less formal. We feel on a cour facilties are very clean organized.	any times nes that are laily basis					
	the time." This deficiency consti and must be correcte	tutes a re-cited deficiency d within 30 days.		Il areas of this concern hav completed and will be clea areas on subsequent inspec	r of deficient	12/13/202				

LWM211