PRINTED: 12/07/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	1 '	(X3) DATE SURVEY COMPLETED	
		MHL059-096	B. WING		R-C 11/12/2021	
	ROVIDER OR SUPPLIER	E 24 NORT	DDRESS, CITY, STA TH MCDOWELL A I, NC 28752			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
∨ 000	on 11/12/21. The cor (intake #NC00179829 This facility is licensed	w up survey was completed inplaint was substantiated in the following service in the following s	V 000			
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS	V 736			
	failed to keep the faci manner. The findings Observation at 2:00pr -in bedroom #1, there 2' area above one of color and had been p	ns and interviews, the facility lity in a clean and orderly		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.	12/13/2021	
	drain -the overhead light in functioning -the refrigerator/freez the inside of the door refrigerator which well-the wall/backsplash l stained with food deb	the kitchen was not er had some stains around s and the lower area of the e black and brown in color behind the stove was		The bulb was replaced in the overhead light and now functions properly. The kitchen areas have been cleaned in great 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.	ne 12/13/2021	
Division of Heal	alth Service Regulation DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE	

STATE FORM LWM211 If continuation sheet 1 of 2

Administrator

12/13/2021

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
			A. Boilebino.		R-C					
		MHL059-096	B. WING		11/12/2021					
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE, ZIP CODE						
NORTH MCDOWELL GROUP HOME 24 NORTH MCDOWELL AVENUE										
NORTHW	CDOWELL GROUP HOW	MARION	I, NC 28752							
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE					
stains and some c debris on the burn- there was a black interior edges of the below the deck at was a pile of wood some of the wood splintered with exp Interview on 11/12 Facilitator (BHF) re- she was in charge inspections		ad yellow colored grease abs and black burned on old like substance on the bathroom window be bottom of the steps there the shape of fence pickets; s broken and others were ed nails. with the Behavioral Health aled:	V 736	This was not mold. This was a milder from the shower being very close to the window. This area has been detailed the weekly cleaning expectations. This pile of wood has been removed facility grounds. A review of the property has resulted in other yard debris bein removed as well.	he out in 12/13/2021 from the perty 12/13/2021					
	least weekly. Interview on 11/12/21 Professional (QP) rev -"I do general inspect BHF does the everyd healthy inspections" -"I check to see that w the time."	realed: ions for the most partthe ay operational stuff and we are inspection ready all tutes a re-cited deficiency		Elizabeth completed monthly health comfort inspections and many times drop in visits at random times that ar less formal. We feel on a daily basis our facilties are very clean and organized. Il areas of this concern have already completed and will be clear of deficiareas on subsequent inspections.	e oeen					

Division of Health Service Regulation

STATE FORM 6899 LWM211 If continuation sheet 2 of 2