STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL049-074	B. WING		12	2/16/2021
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
REENBR	RIER ROAD		RTH GREENBRIER VILLE, NC 28625	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	TION SHOULD BE COMPL THE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on 12/16/2021. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
	The survey sample c current clients.	onsisted of audits of 3				
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.					
		n and interviews, the facility n a safe, clean, orderly				
	approximately 10:35 12/15/2021 revealed - Torn/damaged cour	: ntertop in the kitchen with the				
	- Stained carpet in th	ceiling in the kitchen. e laundry room. creen to the ceiling-mounted				
	- Stains on the ceiling	g at the fireplace in the den. om, the carpet had a raised				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-074		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		00000 22122	
		B. WING		12/16/2021		
NAME OF PF	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE,	ZIP CODE		
GREENBR	RIER ROAD		TH GREENBRIER I /ILLE, NC 28625	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pag	e 1	V 736			
	area beside the bed - In Client #3's bedrow would not stay up wh layer of dust on the w - In the master bathrow approximately 10 inco feet from the floor; m ceiling and upper wa enclosure; a crack ex feet long across the second present on the ceiling - In the staff office, the peeling paint with brow approximately 4x4 fee black stains on the w - There was a broken at the side of the how Interview on 12/15/20 - He was unable to pe questions about the ob- bedroom. Interview on 12/15/20 - He had made the he wall and was required Interview on 12/15/20 - When repairs were staff were supposed forms and turn them - The kitchen counter least the past two ye - Client #3 caused the last summer.	that was a trip hazard. iom, one of the windows hen raised and there was a vindowsill. ioom, there was a round hole hes in diameter between 5-6 ildew-like, black stains on II tiles in the shower ktended approximately 3-1/2 shower floor; and dust was g-mounted vent. he ceiling had bubbled and own stains covering an area wet, and peeled drywall with vall behind the desk. In shutter lying on the ground use. 021 wit Client #1 revealed: rovide clear answers to condition of the house o his 021 with Client #3 revealed: ole in the master bathroom d to pay for its repair. 021 with Staff #1 revealed: needed at the facility, facility to complete work order in at the office. r had been damaged for at ars. e hole in the bathroom wall				
	repaired. - The ceilings in the s leaked when there w	een turned in to have the wall staff office and living room as heavy rain. avily in the past two months.				

STATE FORM

11HG11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-074			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		12	12/16/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
GREENBF	RIER ROAD		RTH GREENBRIER VILLE, NC 28625	ROAD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	COMPLETI			
V 736	Continued From page	e 2	V 736			
	Continued From page 2 Interview on 12/15/2021 with Staff #2 revealed: - The toilet located in the laundry room was loose from the floor. - The stains in the master bathroom shower had been cleaned every day, but that did not help remove the stains. - She did not know how long the hole in the master bathroom wall had been present. - When she began working at the facility in August or September of 2021, the kitchen counter had already been damaged and the stains on the office and den ceiling had been present. - It had not rained since she started working at the ceiling, so she did not know if the ceilings leaked. Interview on 12/16/2021 with the Qualified Professional (QP)revealed: - She began working as the QP in June of 2021. - Environmental assessments were completed at the facility by other QP's at the Licensee agency. - She had not completed a walk-through at the facility recently. - A repair to the dining room floor had been					
	repairs, the request v office, not to her.					
	revealed:	nent.				

11HG11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-074		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
					10/10/005
	L			12	2/16/2021
	STATES	VILLE, NC 28625			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
Continued From page 3		V 736			
a recent sanitation ins It had been difficult t contractors due to the She was in the proce	spection. to obtain outside repair e Covid-19 pandemic. ess of getting an outside				
	(EACH DEFICIENC REGULATORY OR I Continued From page ddressing maintenau recent sanitation ins It had been difficult to ontractors due to the She was in the proc	VIDER OR SUPPLIER 335 NOF R ROAD 335 NOF SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 ddressing maintenance issues identified during recent sanitation inspection. It had been difficult to obtain outside repair ontractors due to the Covid-19 pandemic. She was in the process of getting an outside ontractor to complete repairs at the facility.	VIDER OR SUPPLIER R ROAD STREET ADDRESS, CITY, STATE R ROAD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 3 ddressing maintenance issues identified during recent sanitation inspection. It had been difficult to obtain outside repair ontractors due to the Covid-19 pandemic. She was in the process of getting an outside ontractor to complete repairs at the facility.	VIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE R ROAD 335 NORTH GREENBRIER ROAD STATESVILLE, NC 28225 SUMMARY STATEMENT OF DEFICIENCY REGULATORY OR LSC DERVIEY PULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DERVIEY/NG INFORMATION) ID PREFIX PREFIX PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG D PREFIX CROSS-REFERENCE DO TO INTACORY OR LSC DERVIEY/NG INFORMATION V 736 V 736 Continued From page 3 V 736 ddressing maintenance issues identified during recent sanitation inspection. It had been difficult to obtain outside repair ontractors due to the Covid-19 pandemic. She was in the process of getting an outside ontractor to complete repairs at the facility.	INDER OR SUPPLIER R ROAD STATESVILLE, NC 28625 SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMEN

11HG11