

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/05/2022
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NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 306 WEST GREENE STREET SNOW HILL, NC 28580
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(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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 1/5/22. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 1/5/22 of the facility at 10:00am revealed:</p> <ul style="list-style-type: none"> -The living room sofa had an approximately 5 inch hole in the side panel. -There were 3 broken blind panels in client #2's bedroom window. -Hall bathroom shower had black residue on the left side of the shower from top to bottom on the shower wall; there was black residue around the faucet; black residue and black spots on various areas of the white shower curtain and the ceiling 	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <p>vent had heavy dust.</p> <p>-Client #6 dresser drawer on the left side was missing a door and the right side drawer was stuck and off track.</p> <p>-There were various food particles and debris throughout the kitchen floor; food particles on the stovetop and counter tops; The Fridge had food spills in the bottom; The wooden window frame above the kitchen sink had black residue and black spots at the bottom of it and the kitchen sink had debris and food particles behind the water faucet.</p> <p>-The kitchen cabinet above the microwave had was missing a knob; paint was peeling from the shelves of the middle cabinets and there was a dead fly on the middle second shelf.</p> <p>-There was an approximately 4 inch hole in the wall on the left side of the hallway.</p> <p>-Two smoke detectors in the facility were chirping at regular intervals.</p> <p>During interview on 1/5/22 staff #1 revealed: -She would inform the Qualified Professional/Licensee of the issues in the home.</p>	V 736		