Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED						
			D. WING		R						
		MHL092-866	B. WING		12/29	9/2021					
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE							
HEAVENLY PLACE, LLC 8600 NEUSE HUNTER DRIVE RALEIGH, NC 27616											
(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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE					
V 000	V 000 INITIAL COMMENTS		V 000								
	This facility is licens category: 10A NCA Living for Adults wit	was completed on 12/29/21. A d. sed for the following service C 27G .5600C Supervised h Developmental Disability. consisted of audits of 3									
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 303 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736								
	failed to ensure the	et as evidenced by: and observation, the facility home was maintained in a attractive manner. The findings									
	-Client #1 & 3's master bathroom: bathroom s peeling -Hallway Bathro vent rusted shower -Client #2's bed	28/21 at 1:00PM revealed: bedroom that included sink cabinet door had paint boom shared by all clients: , paint peeling near overhead droom/fourth bedroom: r covered by white piece of									

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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							
					F							
MHL092-866			B. WING 12/29/2			9/2021						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8600 NEUSE HUNTER DRIVE												
HEAVENLY PLACE, LLC RALEIGH, NC 27616												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE						
V 736	tape -Vacant bedrood door damatennis ball and a critical control contr	mythird bedroom: ged with a dent the size of a ack the length of a dollar bill. 21, the Qualified Professional into this position that the repairs were not bintment for the maintenance and make repairs for Thursday been cited 2 times since the 2/20 and must be corrected	V 736									

6899

Division of Health Service Regulation STATE FORM

4CDJ11 If continuation sheet 2 of 2