

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl007-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
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NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING GUEST HOME #5	STREET ADDRESS, CITY, STATE, ZIP CODE 204 STEWART DRIVE WASHINGTON, NC 27889
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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 January 18, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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>Observation on 01/18/22 at approximately 12:15pm revealed:</p> <ul style="list-style-type: none"> -Client #1 and client #3 had an approximate 2 1/2 foot crack in the ceiling and paint was peeling from the ceiling at the entrance of their bedroom; paint was peeling from the wall around the top of the shower/tub in client #1 and #3's bathroom. -Client #2 had a 6 drawer dresser and the right bottom was missing a knob, four dresser drawers were off track. -Client #5's bedroom had a 4 light ceiling fan with 	V 736		

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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>2 lights that had not worked, the closet door was missing a knob on the right side. -Client #4's closet was missing a knob on the right side.</p> <p>Interview on 1/18/22 the Quality Assurance staff stated: -The ceiling in client #1 and client #3's bedroom was scheduled to be repaired soon.</p> <p>Interview on 1/18/22 the Qualified Professional stated he understood the facility was required to maintain a safe, attractive and orderly manner.</p>	V 736		