

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-866</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/29/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEAVENLY PLACE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8600 NEUSE HUNTER DRIVE RALEIGH, NC 27616</b>
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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	<b>INITIAL COMMENTS</b>  A follow up survey was completed on 12/29/21. 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 consisted of audits of 3 current clients.	V 000		
V 736	<b>27G .0303(c) Facility and Grounds Maintenance</b>  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.  This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure the home was maintained in a clean, orderly and attractive manner. The findings are:  Observation on 12/28/21 at 1:00PM revealed: -Client #1 & 3's bedroom that included master bathroom: bathroom sink cabinet door had paint peeling -Hallway Bathroom shared by all clients: vent rusted, paint peeling near overhead shower -Client #2's bedroom/fourth bedroom: hole in door covered by white piece of	V 736	<i>All repairs are done and in good working condition.</i>	<i>1/5/22</i>

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

*Nigel Okwoshah*

TITLE

*Functional Manager*

(X6) DATE

*1/19/22*

STATE FORM

6899

4CDJ11

If continuation sheet 1 of 2

**RECEIVED**

By DHSR Mental Health Licensure & Certification at 8:49 am, Jan 31, 2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-866</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/29/2021</b>
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V 736	<p>Continued From page 1</p> <p>tape</p> <ul style="list-style-type: none"> <li>-Vacant bedroom/third bedroom: door damaged with a dent the size of a tennis ball and a crack the length of a dollar bill.</li> </ul> <p>Interview on 12/29/21, the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>-Was just hired into this position</li> <li>-Was unaware that the repairs were not completed</li> <li>- Made an appointment for the maintenance man to come out and make repairs for Thursday January 6th.</li> </ul> <p>This deficiency has been cited 2 times since the original cite on 2/12/20 and must be corrected within 30 days.</p>	V 736		