Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				74. BOILBING.		R	-C	
	mhl092-576		B. WING		01/2	28/2022		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
UNITED FAMILY NETWORK AT WILLOW SPRIN 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM/	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS			V 000					
	on 1/28/22. The co (Intake #NC001823) This facility is licens category 10A NCA6	low-up survey was c mplaint was unsubst 391). A deficiency wa sed for the following C 27G .1700 Resider cure for Children or	antiated s cited. service					
	The survey sample current clients.	consisted of audits	of 3					
V 736	27G .0303(c) Facili	ty and Grounds Mair	ntenance	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.							
	-							
	Based on observat	et as evidenced by: ion and interview the I in a safe, clean, attr r. The findings are:						
	Observation on 1/1	9/22 at 2:00 pm reve	ealed:					
	surrounding the fro Outside light fix dirty Railing on the f	ne stained with brown nt door kture had cob webs a front porch was sepa post and the railing	and was					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BOILDING.		R	-C	
	mhl092-576		B. WING			01/28/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
UNITED FAMILY NETWORK AT WILLOW SPRIN 9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED B	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 736					
	was lifting causing a rowel bar miss exposing the screw	ing on the wall by th	ne bathtub					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	mhl092-576		B. WING		R-C 01/28/2022		
	PROVIDER OR SUPPLIER	T WILLOW SPRIN 9609 KEN	DRESS, CITY, STATE, ZIP CODE INEBEC ROAD SPRINGS, NC 27592				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (X5) EACH CORRECTIVE ACTION SHOULD BE COSS-REFERENCED TO THE APPROPRIATE DATE		
V 736	- Damage to france Client #1's room: - No closet door - Closet door fra - Bed was sinkin - Dirty light fixture Client #3 & #4's bar - No door where Interview on 1/18/2 reported: - Was working of getting the repairs of this house yet - Due to COVID, contractors out to we must be within the new with fixing the deck	the closet door own stains in ceiling one around door of the mattress of the mattress of the ceiling only the sink is located 2 & 1/19/22 the Director on one house at a time in done and had not started on it was still hard getting work but he was working on it is should be starting on this ext 2 weeks and will be starting	V 736				

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