Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING.				
	MHL019-027		B. WING		02/1	02/17/2022		
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
СНАТНА	CHATHAM COUNTY GROUP HOME #2  1011 WEST FIFTH STREET SILER CITY, NC 27344							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000					
	An annual survey was completed on February 17, 2022. Deficiencies were cited.							
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.							
	The survey sample current clients.	consisted of aud	its of 3					
V 736	27G .0303(c) Facili	ty and Grounds N	laintenance	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.							
	This Rule is not me Based on observati failed to ensure fac in a clean, safe and findings are:	on and interview, ility grounds were	the facility maintained					
	Observation on 2/1 handicapped accessions. There was significated between the tiles in -Sink's faucet was I	sible bathroom re ant mildew/mold o side the shower.	evealed:					
	Interview on 2/17/2: revealed: -Home belonged to and Urban Develop	the Department	_					

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

(X6) DATE TITLE

Division of Health Service Regulation

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI			` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL019-	027	B. WING		02/	17/2022
	PROVIDER OR SUPPLIER	HOME #2	1011 WES	DRESS, CITY, S ST FIFTH STI TY, NC 2734	· <del></del>	•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 736	Continued From para-HUD was responsed a HUD.  -She was not aware tiles inside the shown as well as caulk constant as well as caulk constant at the confirmed the grounds were main attractive manner.	ible for making netimes make the that the grout wer was dirty wiming apart. omeone come ors.	between the th mildew/mold but to the home bensure facility	V 736			
V 752	27G .0304(b)(4) Ho 10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physical visitors. (4) In areas of exposed to hot wate water shall be main degrees Fahrenheir	cility shall be do uipped in a man all safety of clier of the facility wher, the tempera	DESIGN AND esigned, nner that nts, staff and ere clients are ture of the	V 752			
	This Rule is not me Based on observation failed to maintain the between 100-116 defindings are:  Observation of the approximately 2:20 - The kitchen sink we degrees Fahrenheir Observation of the approximately 2:25	ion and intervie ne facility water egrees Fahrenl facility on 2/17/2 PM revealed : vater temperatu t.	w the facility temperature neit. The 22 at re was 128				

6899

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHL019-027		B. WING		02/17/2022			
	NAME OF PROVIDER OR SUPPLIER  CHATHAM COUNTY GROUP HOME #2  STREET ADDRESS, CITY, STATE, ZIP CODE  1011 WEST FIFTH STREET  SILER CITY, NC 27344						
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 752	-Bathroom sinks wadegrees Fahrenheit Interview on 2/17/2: revealed: -Home belonged to and Urban Develop-HUD was responsithe home to include the water heaterShe did not realize kitchen sink was 12-Staff normally adjutte clientsShe would have so heater's temperatur degrees Fahrenheit-She confirmed the	ater temperatures were 126 ater temperatures were 126 ater temperatures were 126 ater temperature of Housing ment (HUD.) ble for doing maintenance at a setting the temperature for the water temperature in the as degrees. sted the water temperature for meone adjust the water the to be between 100-116 ateria. facility failed to maintain the rature between 100-116	V 752				

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