STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL040-019			CONSTRUCTION		(X3) DATE SURVEY COMPLETED R 03/02/2022		
		IDENTIFICATION NOWIDEN.	A. BUILDING:				
		B. WING					
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ASTER	SEALS UCP-GREEN	E COUNTY GROU	SECOND STRE				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on March 2, 2022. A deficiency was 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 audits of 3					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive	,				
	Based on observat was not maintained	et as evidenced by: ion and interview the facility d in a safe, clean, attractive r. The findings are:					
	am and 3/02/22 at revealed:	01/22 at approximately 9:45 approximately 2:30 pm					
	freezer.	e front and sides of an upright e plastic window of the					
	edges of the ceiling	earing buildup and dust on the g fan blades in the kitchen. corners of the lower kitchen ned and worn					

	IT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL040-019			-		R		
		B. WING		03/	02/2022		
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ASTER	SEALS UCP-GREEN	IE COUNTY GROI	ECOND STRE				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE	
V 736	Continued From page 1		V 736				
	contained a bag of approximately 6 - 8 had brown staining - An open pudding lower surface was cabinet. - Crumbs and othe the kitchen cabinet - The finish on a bu area was worn. - An outlet under the pulled out of the wa - Curtains in the livit tied in knots. - A mechanical lift w - A motorized whee upholstery was stor - A mop bucket cor area near the laund - The edge of the la and stained. - A large brown sta door. - Crumbs and othe floor. - Comforters and b bedroom floor. - The top drawer of off track. - Black marks on the - Client #3's bedrood - The air return gra of dust adhered to surface. - The metal air return	cup with mold growing on the found in an upper kitchen r organic debris were found in s and drawers. uilt in desk/counter in the dining he built in desk/counter was all. ing room and dining area were was kept in the dining room. elchair with torn and split red in the dining area. htaining water was in the dining dry room. aundry room door was grimy in on the ceiling over the front r debris on client #4's bedroom lankets piled on client #4's f client #4's bedside table was he wall in client #3's bedroom. te in "Hall B" had large clumps and hanging from the grate					
		ere was an area beside his bed ce finish was worn off exposing n.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL040-019		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		B. WING		03/	02/2022	
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
ASTER	SEALS UCP-GREEN	E COUNTY GROU	SECOND STRE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 736	Continued From page 2		V 736			
	 Client #5's bedrood Client #1's bedrood Client #1's bedrood There was no dood Client #1's overhed switch was activated The bathroom on wall at the baseboad The grab rail above The ceiling air ver rusty. Door frames and were scuffed and d A tan upholstered the patio. A wooden dining the parts and some on the patio. A wooden storaged door opening. During interviews of #6 stated the motor room was his old chey are going to mwheelchair "Friday. During interviews of House Manager/Que She was not award door, but would get 	om curtain was tied in a knot. om walls were scuffed and or on client #1's closet. ad light did not work when the d. "Hall B" had damage to the ard by the toilet. We the toilet was rusty. In the "Hall B" bathroom was walls throughout the facility amaged. easy chair was on its side on able had been taken apart and e wooden chairs were stacked abarn in the backyard with the s and propped against the n 3/01/22 and 3/02/22 client rized wheelchair in the dining hair. He didn't know "when ove it." He got a new " n 3/01/22 and 3/02/22 the ualified Professional stated: re of the hole in the microwave a new microwave. why there was an open cabinet, nor did she know how	s d ,			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB MHL040-019		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 03/02/2022	
		IDENTIFICATION NUMBER:				
		MHL040-019				
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ASTER	SEALS UCP-GREEN		SECOND STRE			
		SNOW H	IILL, NC 28580)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page 3		V 736			
	2/28/22; the table a patio for "about a w - She had not notic return in "Hall B" b grate. - She had the light replaced and the li - The air return gra was replaced.	ced the dust clumps on the air ut would have staff clean the bulb in client #1's bedroom				