

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/23/2022
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NAME OF PROVIDER OR SUPPLIER PLANT STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 619 PLANT STREET 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>A complaint and follow up survey was completed on February 23, 2022. The complaint was unsubstantiated. Intake #NC00185026. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 1 former client.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</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>Review on 2/23/22 of facility documents revealed: -A work order dated 8/17/21 to repair "...3 missing knobs on bottom left drawer and 2nd right drawer broken off...ceiling...has mildew/mold spots...replace shower rod in hallway bath (rusty)." A work order dated 2/22/22 "Request type preventative maintenance...Description mold return back in the bathroom..."</p>	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>Observations on 02/23/22 during a tour of the facility at approximately 11:15am revealed:</p> <ul style="list-style-type: none"> -Client #1 had knobs missing on the 2nd and 3rd drawers on her 6 drawer dresser. -The corners of both the left and right side of the dining room entrance door had spider webs, with a live spider and several dead bugs. -The dining room had an approximate several scrapes on the wall approximately 15 inches long. -Handicap shower had mildew or mold spots and black streaks above the shower. -The caulking in the shower had brown and black stains in it. -The bottom of the handicap shower walls and corners was rusty and had stains in multiple areas. -The wall and ceiling in the kitchen had brown stains above the stove, cabinets and to the left side of the sink. <p>Interview on 2/23/22 the Residential Manager stated:</p> <ul style="list-style-type: none"> -The shower had been repaired before but the mildew or mold came back. -The maintenance department at the local hospital was responsible for the repairs to the handicap shower. -A work order had been completed 8/20/21 to make repairs. -A work order had been submitted got the mildew or mold in the handicap bathroom. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		