

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 206 LINCOLN STREET BADIN, NC 28009
--	--

(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>An annual and follow-up survey was completed on March 16, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 3/16/22 at 1:20 pm of the Kitchen revealed: -Doors underneath the sink would not fully close. -Corner door from bottom of cabinet was off. Hinges were broken.</p> <p>Observation on 3/16/22 at 1:25 pm of the bathroom revealed: -There was mold/mildew between bathroom floor</p>	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LINCOLN STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 206 LINCOLN STREET BADIN, NC 28009
--	--

(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 736	<p>Continued From page 1</p> <p>and shower.</p> <ul style="list-style-type: none"> -Brackets from missing towel rack were on the wall and exposed. -Brackets from missing toilet tissue rack were on the wall and exposed. -Toilet seat's paint have been stripped off. <p>Interview on 3/14/22 with the Administrator revealed:</p> <ul style="list-style-type: none"> -She was aware of the many things that needed to be replaced or fixed. -She had already made a list of things to be fixed prior to surveyor doing walk through. -Agency was responsible for making necessary repairs. -She believed agency owned the home. -She confirmed the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. 	V 736		