Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL040-019 B. WING 03/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 704 SE SECOND STREET EASTER SEALS UCP-GREENE COUNTY GROU SNOW HILL, NC 28580 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS Group home manager has noted all V 000 documented deficiencies She will direct An annual and follow up survey was completed staff to address all items that can be cleaned, removed, and addressed by on March 2, 2022. A deficiency was cited. staff. The group home manager will regularly monitor the facility for This facility is licensed for the following service cleanliness and maintenance issues. category 10A NCAC 27G .5600C Supervised Maintenance requests will be made Living for Adults with Developmental Disabilities. for: the rust stains on the freezer; worn finish on lower kitchen cabinets, The survey sample consisted of audits of 3 finish on the desk/counter in the current clients. kitchen; outlet repair/replacement, touch up painting as V 736 27G .0303(c) Facility and Grounds Maintenance 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 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: Observations on 3/01/22 at approximately 9:45 am and 3/02/22 at approximately 2:30 pm revealed: - Rust stains on the front and sides of an upright freezer. RECEIVED - A small hole in the plastic window of the microwave door. MAR 1 1 2022 - Black, grimy appearing buildup and dust on the edges of the ceiling fan blades in the kitchen. **DHSR-MH Licensure Sect** - The finish on the corners of the lower kitchen cabinet was damaged and worn. Division of Health Service Regulation

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

(X6) DATE

STATE FORM

If continuation sheet 1 of 4

Division of Health Service Regulation

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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V 73	- The lower cabinet contained a bag of capproximately 6 - 8 had brown staining An open pudding clower surface was for cabinet Crumbs and other the kitchen cabinets - The finish on a built area was worn An outlet under the pulled out of the wall Curtains in the living tied in knots A mechanical lift wall A motorized wheelc upholstery was stored A mop bucket contained area near the laundry The edge of the launand stained A large brown stained door Crumbs and other difloor Comforters and blandedroom floor The top drawer of clioff track Black marks on the vertical contained contained in the contained con	between the sink and stove priors that had an inch sprout; the cabinet floor up with mold growing on the bund in an upper kitchen organic debris were found in and drawers. It in desk/counter in the dining built in desk/counter was groom and dining area were as kept in the dining area. It is dining area were as kept in the dining area. It is dining water was in the dining aroom. Indry room door was grimy on the ceiling over the front debris on client #4's bedroom askets piled on client #4's dent #4's bedside table was a wall in client #3's bedroom. Curtain was tied in a knot. In "Hall B" had large clumps of hanging from the grate was rusty. Walls were heavily scuffed was an area beside his bed	V 736				
	 Client #5's bedroom varound his bed; there varound 	walls were heavily scuffed					

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Division of Health Service Regulation

MHLO40-019 NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP-GREENE COUNTY GROL IMAGE OF PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES SHOW HILL, NO 28880 SUMMARY STATEMENT OF DEFICIENCIES SHOW HILL, NO 28880 FEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG V 736 Continued From page 2 - Client #1's bedroom curtain was tied in a knot Client #1's bedroom walls were scuffed and dirty There was no door on client #1's closet Client #1's overhead light did not work when the switch was activated The parb rail above the toilet was rusty Door frames and walls throughout the facility were scuffed and ding are not in the "Hall B" bathroom was rusty Door frames and walls throughout the facility were scuffed and ding are not in the "Hall B" bathroom was rusty Door frames and walls throughout the facility were scuffed and damaged A tan upholstered easy chair was on its side on the patio A wooden dining table had been taken apart and the parts and some wooden chairs were stacked on the patio A wooden storage barn in the backyard with the doors off the hinges and propped against the door opening. During interviews on 3/01/22 and 3/02/22 client #6 stated the motorized wheelchair in the dining room was his old chirt. He didn't know' when they are going to move it." He got a new wheelchair "Friday." During interviews on 3/01/22 and 3/02/22 the House Manager/Qualified Professional stated: - She was not aware of the nole in the microwave door, but would get a new microwave She did not know why there was an open pudding cup in the cabinet. or did she know how long it had been there She was not aware of the onions in the kitchen cabinet The light bulb in client #1's bedroom "must have in the patient of	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLI	ER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	[/Y2] DA	TE CUDVEY
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just blown" because no one told her his light didn't work.		- Client #5's bedroor - Client #1's bedroor dirty There was no door - Client #1's overheat switch was activated - The bathroom on "I wall at the baseboard - The grab rail above - The ceiling air vent rusty Door frames and water - A tan upholstered ette patio A wooden dining take the parts and some woon the patio A wooden storage bedoors off the hinges addoor opening. During interviews on a state of the was not aware of the was not aware of the door, but would get a state of the was not aware of	m curtain was tied in m walls were scuffed on client #1's closet ad light did not work via. Hall B" had damage do by the toilet. In the toilet was rusty. In the "Hall B" bathroughout the famaged. In the ad been taken a sycoden chairs were so wooden chairs were	when the to the to the com was acility side on apart and stacked with the the client dining when the ated: rowave to whow sitchen st have	V 736			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:

MHL040-019

COMPLETED 03/02/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING _

EASTER SEALS UCP-GREENE COUNTY GROU

704 SE SECOND STREET

(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) COMPLET DATE
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