Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
		MHL084-099	B. WING		03/2	25/2022				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE						
MOSS LANE I 42424 MOSS LANE										
NEW LONDON, NC 28127										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS OF THE APPROVINCE OF	JLD BE	(X5) COMPLETE DATE				
V 000	INITIAL COMMENTS		V 000							
V 736	2022. Deficiencies of This facility is licens category: 10A NCA Living for Adults with This facility has a consumple consisted of 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUI	sed for the following service C 27G .5600C Supervised h Developmental Disabilities. urrent census of 3. The survey f audits of 3 current clients. ty and Grounds Maintenance 03 LOCATION AND REMENTS	V 736							
	maintained in a safe manner and shall b odor. This Rule is not me									
	failed to ensure faci	on and interview, the facility ility grounds were maintained attractive manner. The								
	area revealed: -There was a hole a on the left from the	about 3 inches long on the wall								
	Observation on 3/29 Bathroom revealed: -Exhaust fan was ve									

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

(X6) DATE TITLE

Division of Health Service Regulation

	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
MHL084-099	B. WING		03/2	5/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
MOSS LANE I 42424 MOSS LANE NEW LONDON, NC 28127										
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE						
V 736 Continued From page 1	V 736									
Observation on 3/25/22 at 2:38 pm of Client #3's bedroom revealed: -Portion of the door by the door handle was broken. Observation on 3/25/22 at 2:45 pm of the Outside area revealed: -Bottom of door frame from back door was broken and rotten. Interview on 3/25/22 with the Qualified Professional revealed: -Agency was responsible for doing maintenance for the homeShe was aware of items that needed to be fixedWork orders had already been submittedShe confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.										

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