STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL041-609 NAME OF PROVIDER OR SUPPLIER STREET /			(X2) MULTIPLE C	ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MUL 044 000	B. WING				
		DDRESS, CITY, STATE		02	/28/2022		
				,211 0002			
ARKWO	OD GROUP HOME		BORO, NC 27410				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey wa deficiency was cited.	as completed on 4/28/2022. A					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
		ed for 6 and has a census of e consisted of audits of 3					
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	-	EMENTS					
		n and interviews, the facility n a safe, clean, attractive					
	approximately 12:33 - There were broken 3 clients' bedrooms;	cility and its grounds from PM on 4/26/2022 revealed: slats in the window blinds in ir in th living room had stains					
	on the upholstered se - A ceiling-mounted li carport/garage had w next inside the fixture	eat; ight fixture in the vhat appeared to be a bird					
	on the upholstered se - A ceiling-mounted li carport/garage had w next inside the fixture - In bathroom #1: alth Service Regulation	eat; ight fixture in the vhat appeared to be a bird		TITLE			

If continuation sheet 1 of 4

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL041-609			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		04	/28/2022		
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, Z	ZIP CODE			
LARKWO	OD GROUP HOME		RKWOOD DRIVE SBORO, NC 27410				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From pag	e 1	V 736				
	on the tile floor and w - A toilet plunger was - The ceiling-mounte - In bathroom #2: - The tub surround h wall tiles and top of t - The control knob for be disengaged; and - The ceiling-mounte Interview on 4/28/20 - Repairs that were r a crooked door and l cabinets - The toilet plunger in was used to unclog t - She had tried spray black stains in the sh remove the stains. - She did not like see a shower. - Her bedroom blind Interview on 4/27/20 - Repairs needed in loose toilet seat in ba - She believed that a dishwasher had beet	s on the shower floor; d vent was covered in dust; ad brown and black stains ub; r the shower head could not d vent was covered in dust. 22 with Client #1 revealed: needed in the facility included oose shelves in the kitchen the shower in bathroom #1 he shower drain. ring cleaning solutions on the nower, but it did not work to eing the stains when she took needed to be replaced. 22 with Client #2 revealed: the facility included fixing the					
	black stains would ne - "I guess it's mold of shower).	n the bottom" (of the					
	- She had not paid attention to how long the stains were in the shower.						
	- She was not able to	22 with Client #3 revealed: o clearly answer questions or cleanliness of the facility.					

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OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
MHL041-609		B. WING		04	04/28/2022	
OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
D GROUP HOME						
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO	ACTION SHOULD BE COM TO THE APPROPRIATE		
Continued From pag	e 2	V 736				
 Interview on 4/26/2022 with Staff #1 revealed: Facility clients cleaned the bathrooms, but facility staff checked behind them to ensure they were clean. She had just returned from a 6-week leave of absence approximately one week ago. The brown and black stains had not been in the bathrooms when she had originally left on her leave of absence. Multiple different cleaning products had been used to clean the tub and shower in the bathrooms without success. "Environmental" inspections were completed by management staff every month. She had not been present for the most recent environmental inspection. There was a need to replace some of the window blinds in clients' bedrooms due to wear and tear. 						
 (HM) revealed: The Licensee agen (QP) completed walk regularly. She did not know w walkthroughs had be She had not been a had been backing up She spoke to the fa about issues identified She went to the fact thoroughly cleaned in Interview on 4/28/202 She normally went clients once a week. 	cy's Qualified Professionals athroughs at each facility when the most recent een completed at the facility. aware that the shower drain b. acility's maintenance staff ed in the bathrooms. cility on 4/27/2022 and in the bathrooms. 22 with the QP revealed: to the facility to meet with					
	OF DEFICIENCIES F CORRECTION OVIDER OR SUPPLIER D GROUP HOME SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag Interview on 4/26/20 - Facility clients clear facility staff checked were clean. - She had just return absence approximat - The brown and blac bathrooms when she leave of absence. - Multiple different clu bathrooms when she leave of absence. - Multiple different clu bathrooms without si - "Environmental" ins management staff ev - She had not been p environmental insper - There was a need t window blinds in clie and tear. Interview on 4/28/20 (HM) revealed: - The Licensee agen (QP) completed walk regularly. - She did not know w walkthroughs had be - She had not been a had been backing up - She spoke to the fa about issues identifie - She went to the far thoroughly cleaned in Interview on 4/28/20. - She normally went clients once a week. - She was most rece	FORRECTION IDENTIFICATION NUMBER: MHL041-609 MHL041-609 OVIDER OR SUPPLIER STREET A D GROUP HOME 801 LAR GREENS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Interview on 4/26/2022 with Staff #1 revealed: - Facility clients cleaned the bathrooms, but facility staff checked behind them to ensure they were clean. - She had just returned from a 6-week leave of absence approximately one week ago. - The brown and black stains had not been in the bathrooms when she had originally left on her leave of absence. - Multiple different cleaning products had been used to clean the tub and shower in the bathrooms without success. - "Environmental" inspections were completed by management staff every month. - She had not been present for the most recent environmental inspection. - There was a need to replace some of the window blinds in clients' bedrooms due to wear and tear. Interview on 4/28/2022 with the House Manager (HM) revealed: - She did not know when the most recent walkthroughs had been completed at the facility. - She did not know when the most recent walkthroughs had been completed at the facility. - She had not been aware that the shower drain had been backing up. - She had not been aware that the shower drain had been backing up. - She went to the f	OF DEFICIENCIES (X1) PROVIDERSUPPLIENCIA (X2) MULTIPLE CA D GROUP HOME MHL041-609 B. WING D GROUP HOME STREET ADDRESS, CITY, STATE B GROUP HOME STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 V 736 Continued From page 2 V 736 Interview on 4/26/2022 with Staff #1 revealed: - Facility clients cleaned the bathrooms, but facility staff checked behind them to ensure they were clean. V 736 - She had just returned from a 6-week leave of absence approximately one week ago. V 736 - The brown and black stains had not been in the bathrooms when she had originally left on her leave of absence. V - Multiple different cleaning products had been used to clean the tub and shower in the bathrooms without success. V - Ther brown and black stains had not been in the bathrooms without success. V - Ther was a need to replace some of the window blinds in clients' bedrooms due to wear and tear. V - Ther was a need to replace some of the window blinds in clients' bedrooms due to wear and tear. - The Licensee agency's Qualified Professionals (QP) completed walkthroughs at each facility regularly. - She had not been aware that the shower drain had been backing up. - She what	OF DEFICIENCIES (X1) PROVIDERSUPPLIENCIAL (X2) MULTIPLE CONSTRUCTION A BUILDING:	OP DEFICIENCIES (X1) PROVIDERSUPPLIERQUA IDENTIFICATION NUMBER: (X2) MUTTRLE CONSTRUCTION A BUILDING: (X2) CONSTRUCTION (X2) A BUILDING: (X2) CONSTRUCTION (X2) CONSTRUCTION	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-609		(X2) MULTIPLE CC			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING		04/28/2022		
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ARKWO	DD GROUP HOME		RKWOOD DRIVE SBORO, NC 27410			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	ACTION SHOULD BE CON TO THE APPROPRIATE D	
	 to clog. She would ensure that something was obtained to use over the drain to catch hair. The HM completed environmental walkthroughs regularly. The HM informed her that she (the HM) had thoroughly cleaned the tub and shower on 4/27/2022. She had spoken to the facility's maintenance staff and they would provide an industrial cleaner to use to remove the stains in the tub and shower. She was waiting to get an MSDS (material safety data sheet) for the industrial cleaning solution before they could use it at the facility. 					

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