PRINTED: 05/16/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601471	B. WING		05	5/11/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
OAWKINS	НОМЕ		HRE DRIVE DTTE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE AC CROSS-REFERENCED TO	OVIDER'S PLAN OF CORRECTION (, d CORRECTIVE ACTION SHOULD BE COM REFERENCED TO THE APPROPRIATE D. DEFICIENCY)	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on 5-11-22. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for all Disability Groups in a Private Residence.					
	-	d for two and currently has a urvey sample consisted of				
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.					
		n and interview the facility d in a clean, safe, and				
	revealed: -The bottom righ the laundry room had 6x6 inches that was b -Kitchen: oven an walls and the floor of	nd stove were dirty. The the kitchen were dirty with old food on both. Behind the				

PRINTED: 05/16/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601471		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 05/11/2022	
		B. WING				
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
AWKINS	HOME					
()(4) ID	SUMMARY ST		DTTE, NC 28215	PROVIDER'S PLAN O	E CORRECTION	(NE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
V 736	Continued From page 1		V 736			
	-Back door had a on lower part of the de -Client #1's bedro torn. Paint was chipped and door frame. The of handle. -Bathroom: linole leaving a gap. Paint v switch. The toilet and dirty. -Backyard had of piles of what appeare around the yard. Interview on 5-11-22 v Family Living) provide -He would addres facility. Interview on 5-11-22 v Professional revealed -He had not beer company only recentl visits again. -They had been of previously due to Cov -He would go to the possible. Interview on 5-11-22 v revealed:	bom: had linoleum that was ed around the light switch closet door was missing a sum did not reach the toilet, was peeling off the light the floor were both very ld screens, furniture and dd to be garbage laying with the AFL (Alternative er revealed: ss the issue and clean the with the Qualified d: n to the facility yet, as the y started allowing in person conducting zoom meetings				
ision of Hea	alth Service Regulation					

F2S111