

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-811	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2022
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NAME OF PROVIDER OR SUPPLIER A+ RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 7609 FIESTA WAY RALEIGH, NC 27615
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(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 5/13/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 6 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire/disaster drills were completed quarterly and on each shift. The findings are:</p> <p>Review on 5/11/22 of the facility's fire/disaster drill book revealed:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	Continued From page 1 - No fire/disaster drills documented since 8/2021 Interview on 5/11/22 staff #1 stated: - She needed the Qualified Professional (QP) to bring some fire/disaster drill forms to the house - She had been completing the drills monthly, but had not documented any drills Interview on 5/11/22 the QP stated: - There should be some forms at the home - She will monitor drills documentation	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 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 failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are: Observation on 5/11/22 of the facility at 1:16pm revealed: Outside - A car covered in leaves, pine straw with no license tag was parked in the drive way - 4 Bags of trash with construction materials left on the side of the house - The yard was uncut with grass as high as the	V 736		

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V 736	<p>Continued From page 2</p> <p>1st step on the porch</p> <p>Kitchen</p> <ul style="list-style-type: none"> - 2 upper cabinet doors off the hinges - Sink faucet loose, not attached to the countertop <p>Interview on 5/11/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -The Licensee will have the repairs completed. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		