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						
			A. BOILDING.								
		MHL084-069	B. WING		06/0	8/2022					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SECOND STREET HOME 242 N SECOND STREET ALBEMARLE, NC 28001											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE					
V 000	INITIAL COMMENTS		V 000								
	2022. A deficiency										
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.										
	sample consisted o	urrent census of 6. The survey f audits of 3 current clients.									
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736								
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive									
	failed to ensure fac	et as evidenced by: on and interview, the facility ility grounds were maintained I attractive manner. The									
	dinning room revea	/22 at about 12:30 pm of the led: had a significant numbers of									
	living room revealed	/22 at about 12:40 pm of the d: had a significant numbers of									

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

(X6) DATE TITLE

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 COMF	(X3) DATE SURVEY COMPLETED				
		MHL084-069	B. WING		06/0	08/2022				
NAME OF PROVIDER OR SUPPLIER SECOND STREET HOME STREET ADDRESS, CITY, STATE, ZIP CODE 242 N SECOND STREET ALBEMARLE, NC 28001										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE				
V 736	Observation on 6/8/front porch revealed -There were several next to the front was Interview on 6/8/22 Professional reveal -He was not aware front porchHe acknowledged	/22 at about 12:48 pm of the d: Il holes on the wooden floor III. with the Qualified ed: of the holes on the floor at the the facility failed to ensure maintained in a clean, safe	V 736							

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