STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL038-023	A. BUILDING: _____ B. WING _____	R 06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TWIN OAKS	536 MOOSE BRANCH ROAD ROBBINSVILLE, NC 28771

(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	INITIAL COMMENTS An annual and follow up survey was completed on 6/14/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
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 observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 6/7/22 at 4:50pm revealed: -bathroom between Client #4 and Client #'5's rooms: -1 of 2 light bulbs above the sink vanity was not functioning -the towel rack was loose from the wall -bathroom on the left side of the hall used by the female clients: -an approximately 4 x4 inch section of peeling plaster on the ceiling	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL038-023	A. BUILDING: _____ B. WING _____	R 06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TWIN OAKS	536 MOOSE BRANCH ROAD ROBBINSVILLE, NC 28771

(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 736	Continued From page 1 -there was no toilet paper or paper towel in the bathroom -in the living room, there were black scuff marks behind the furniture where the furniture rubbed against the wall. Interview on 6/8/22 with Staff #1 revealed: -in the bathroom with the peeling plaster, one of the clients used a broom to clean the ceiling and because of the humidity, the plaster peeled off -a work order had been submitted for re-painting the living room but she was unsure of the date it was submitted -one of the female clients used an excessive amount of toilet paper; the female clients get the toilet paper from the staff prior to using the bathroom. Interview on 6/14/22 with the IDD (Intellectual and Development Disability) Operations Manager revealed: -he was not sure of the date that the work order for painting in the living room was submitted but it was recently.	V 736		