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. BUILDING.									
MHL040-028		B. WING		07/15/2022								
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
KRYSTAL'S HOUSE LLC 83 WHITE HORSE RD PIKEVILLE, NC 27863												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE							
V 000	INITIAL COMMENTS		V 000									
	An annual survey was completed on July 15, 2022. A deficiency was cited.											
		sed for the following service AC 27G .5600A, Supervised h Mental Illness.										
		sed for 3 and currently has a urvey sample consisted of an ients.										
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.											
	failed to maintain thattractive manner.	on and interview, the Licensee le facility in a clean and The findings are:										
	11:30am revealed: -Smoke detector in loudly with ongoing -Shower head asse loose to touch and -A fly trap was note	mbly in bathroom #1 was moved with attached pipe. d hanging in the dining room n table with over 30 insects										

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					
MHL040-028		B. WING		07/	07/15/2022						
NAME OF PROVIDER OR SUPPLIER  KRYSTAL'S HOUSE LLC  STREET ADDRESS, CITY, STATE, ZIP CODE  83 WHITE HORSE RD  PIKEVILLE, NC 27863											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE					
V 736		2 the Director stated she	V 736								

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Division of Health Service Regulation STATE FORM

WTJ911 If continuation sheet 2 of 2