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Division of Health Service Regulation

	or periornoise	(X1) PROVIDER/SUPPLIER/CLIA	(VO) MULTIPLE	CONCEDUCTION	(V2) DATE	CLIDVEV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
			5 11/11/0			
		MHL044-072	B. WING		07/	15/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
		131 WAI	NUT ROAD			
GRASTY (GABLES		NC 28721			
(V4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
(X4) ID PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE)		COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED 1 DEFICII		RIATE DATE
				DEI IOII	LNOT	
V 000	INITIAL COMMENTS		V 000			
	An annual survey wa	s completed on July 15,				
	2022. Deficiencies w					
		ed for the following service				
	category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.					
	This facility is licensed for 2 and surrently has a					
	This facility is licensed for 2 and currently has a census of 1. The survey sample consisted of					
	audits of 1 current client.					
	addition 1 danient on	one.				
V 736	27C 0303(c) Facility	and Grounds Maintenance	V 736			
V 730	27G .0303(c) Facility	and Grounds Maintenance	1755			
	10A NCAC 27G .030	3 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:				
	The facility failed to be kept in a manner that was					
	safe, clean, attractive and orderly and without					
	offensive odor. The fi	indings are:				
	•	-22 at 9:45 am of the home				
	revealed:					
		as covered with various ges of food, to the point there				
	were no open spaces	•				
		id to be cleared for the				
		ving (AFL) provider to set up				
	medications and clier					
		id an unknown liquid on the				
		L provider was unaware of				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			
MIII 044 070		B. WING		07/4	E (0000	
		MHL044-072			07/1	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		131 WAL	NUT ROAD			
GRASTY	GABLES	CLYDE, N				
	OLUMANA DV OT	·		DDO//DEDIO DI ANI OF CODDECTION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG			TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
V 736	Cantinuad Francisco	- 1	V 736			
V 730	Continued From page	2 1	V 730			
	until she placed the m	nedication administration				
	book in the liquid.					
	-The kitchen island w	as completely covered with				
	no open space availa					
	-The kitchen countert	op was completely covered				
	with no open space a	vailable.				
	-The blinds in the win	dow by the kitchen table				
	were covered in dust	with multiple broken slats				
	and a clear glass apo	thecary jar on the kitchen				
	island was covered in	heavy dust buildup to the				
	point the lid was not o	clear.				
	-The laundry room ha	id side by side front load				
	washer and dryer with clutter stacked to the					
	ceiling with no empty space/room on top or above					
	the washer and dryer.					
	-The AFL provider ha	d a desk in an open area				
	next to the kitchen. TI	he desktop had no open				
	space and had at leas	st 5 open soda cans and				
	multiple cups on the o	desk.				
	-A built in hutch behin	nd the desk area was full of				
	clutter with the no open space on the countertop.					
	-A heavy foul and musty smell was evident					
	throughout the home and the smell permeated					
	the surveyors' clothing.					
		22 at 10:39 am of Client				
	#1's bedroom reveale					
		tremely cluttered and had a				
	small pathway from the					
		r, chest of drawers, and a				
	desk, none of which h	• • •				
		oda bottles on the floor and				
		containers around the room.				
	-	d was discolored and yellow				
	with brown stains.					
		partially open. Various items				
		oor prevented the door from				
	fully opening. Various	items in front of the door				
	prevented the door from	om closing, such as the				
	laundry basket, comp	uter monitor, and clothes on				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМР	LETED	
		MUU 044 070	B. WING		0.77	07/47/0000	
		MHL044-072	3:		077	15/2022	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE			
GRASTY	GABLES		NUT ROAD				
	T	CLYDE, N	28721				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From page	e 2	V 736				
	the floor.						
		floor was stacked about 2 to					
		ms. Such items included, a					
		ge of toilet paper, a computer					
		oox, multiple tools and tool					
	cases, an oscillating	fan, and a desk chair that					
	was blocked and stad	cked with items.					
	Interview on 7-14-22 with the AFL provider						
	revealed:						
	-"You caught us in the middle of cleaning."						
	-She apologized for not having space at the tableClient #1 is "protective over his room and						
	doesn't like anyone g						
	-She encourages him						
	Attempted interviews on 7-14-22 with Client #1 revealed:						
	- Client #1 refused to attempts.	be interviewed upon two					
	Review on 7-14-22 of revealed:	f Monthly monitoring sheet					
		ompleted on June 24, 2022.					
	-No comments about	•					
	Interview on 7-14-22	and 7-15-22 with the Adult					
	Services Coordinator	revealed:					
	-Client #1 had a tend room.	ency to refuse to clean his					
		major concerns for the					
	home."						
	 -Unannounced home there were concerns. 	visits could be completed if					
		create new strategies for					
	Client #1 goals of cle	_					
	Interview on 7-14-22	with the Program Assistant					
	revealed:	-					

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-She completes monthly home visits and

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL044-072	B. WING		07	/15/2022	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE			
GRASTY	GABLES		NUT ROAD NC 28721				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	clutterShe would return 30 visit to assess any phemonitoring checklistShe never had a correct interview on 7-14-22 Qualified Professional -The Program Assistation wisits and monitude of September 20 -"She (Program Assistation of Septe	he AFL provider about the days later for a scheduled hysical concerns from the ncern about any odors. and 7-15-22 with the al revealed: ant completes the monthly toring checklists. home once since her start 021. stant) said it was moderately	V 736				

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