STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED	
		D W/N/O		R		
	MHL043-105	B. WING		07/2	0/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
AMAT GROUP HOMES, LLC #3 7616 US HIGHWAY 421 SOUTH ERWIN, NC 28339						
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000 INITIAL COMMEN	rs	V 000				
on 7/20/22. Deficient This facility is licens category: 10A NCA Living for Adults with This facility is licens	sed for the following service C 27G. 5600A Supervised h Mental Illness sed for six clients and currently . The survey sample					
V 115  27G .0208 Client S  10A NCAC 27G .02 (a) Facilities that pr assure that: (1) space and supe the safety and welfa (2) activities are su and treatment/habit served; and (3) clients participa activities. (h) Facilities or prog in these Rules as "2 available 24 hours available 24 hours available 24 hours unless otherwise sp (c) Facilities that se clients shall ensure (d) When clients whare transported, the with secure adaptiv (e) When two or mo require special assi in a vehicle are transported are tran	ervices 208 CLIENT SERVICES covide activities for clients shall rvision is provided to ensure are of the clients; table for the ages, interests, itation needs of the clients te in planning or determining grams designated or described 24-hour" shall make services a day, every day in the year. Decified in the rule. The or prepare meals for that the meals are nutritious. The or have a physical handicap to vehicle shall be equipped	V 115				

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		.	₹
		MHL043-105	B. WING			20/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AMAT GROUP HOMES, LLC #3 7616 US HIGHWAY 421 SOUTH ERWIN, NC 28339						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 115	Continued From pa	age 1	V 115			
	Based on interview meals provided we Interview on 7/19/2 -Did not get enough -For breakfast som or a bowl of cerealAttended a day property of the provided in the provided	th food to eat at the home. The days only had a boiled egg orgam and brought a pack of a lunch, nothing else. The day. T				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL043-105	B. WING		07/2	₹ 0/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AMAT GI	ROUP HOMES, LLC #	7616 US F ERWIN, N	IIGHWAY 42 C 28339	1 SOUTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115			V 115			
	noodles at home.	ing for lunch today, forgot his				
		and I need more food to eat."				
	stated:	2 The Day Program Director oup home bring Raman				
		or lunch, sometimes with				
	-This morning client	t #6 did come to him and said hungry so she gave him				
	some of her pretzel -Client #5 often beg	s. is people for food in the				
	-They cook for the	is his usual behavior. clients on Thursdays and they				
		e home is a diabetic and they with her blood sugar.				
	-She always had for	2 The Licensee stated: od in the home to eat. neat for clients to make				
		to their day program.  options to eat for breakfast and				
	well.	ftovers to the day program as				
	-Not sure if the staff packing a lunch dai	f is making sure they are ly.				
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			B 14/11/0		F	
		MHL043-105	B. WING		07/2	0/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AMAT G	ROUP HOMES, LLC #	7616 US F ERWIN, N	HIGHWAY 42 C 28339	1 SOUTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 3	V 736			
	failed to maintain the manner, free from to Observation on 7/19 -Client #4's mattres with no sheets or pitclient's bathroom his black mildew around was dirty.  Interview on 7/19/22 -Client #4's mattres replaced it mulitple -Not sure where the	on and interview the facility le home in a safe, attractive odor. The findings are:  9/22 at 11:45 AM s was sunken in the middle llows. had a strong smell of urine, d the bathtub and inside of tub  2 the Licensee stated: s is brand new and she had times. e sheets or pillow was located.  Institutes a re-cited deficiency				

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