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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION		3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILDING: _		COMP	LETED		
		MHL0411122	B. WING		07/	21/2022		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CRANBER	RRY GROUP HOME		NBERRY COUR					
			BORO, NC 2740					
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	An annual survey was deficiency was cited.	s completed on 7/21/2022. A						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.							
	-	d for 3 and has a census of consisted of audits of 3						
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736					
		EMENTS						
		n and interviews, the facility n a safe, clean and attractive						
	approximately 12:05p revealed: - In Client #2's bedrood at the handle, the cove was missing, and the chipped areas; - The ceiling in Client paint and damaged d	om to 12:40pm on 7/20/2022 om, the door was damaged per for one electrical outlet paint on the wall had some #3's bedroom had peeling rywall; om had brown/black stains						

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

(X6) DATE TITLE

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DIVISION	or riealin Service Negu	lation	_				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL0411122	B. WING	-	07/2	1/2022	
NAME OF D	ROVIDER OR SUPPLIER	STDEET AD	DRESS, CITY, STA	TE ZID CODE			
NAIVIE OF FI	NOVIDER OR SUFFLIER						
CRANBER	RRY GROUP HOME		NBERRY COUP				
		GREENSI	3ORO, NC 2740	05			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD		COMPLETE	
TAG	REGULATORY OR L	REGULATORY OR LSC IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	ATE DATE		
				22.10.2.101)			
V 736	Continued From page 1		V 736				
		out and the floor trim behind					
		nt on the wall above the tub;					
		n the wall were present, but					
		the sink vanity had peeled					
	and damaged veneer	on the outside panel at the					
	toilet, and stained and	d damaged shelf on the					
	inside;						
	- In the master bathro	om, there was rust on the					
	metal ceiling vent cov	er and shower curtain rod;					
	and the shower water temperature control knob was difficult to adjust; - On the exterior of the building, there was peeling paint above the garage door; the soffit						
	was damaged on the left side of the house with a						
	hole that was open to the attic; the back porch patio area had a pergola-type wooden frame that						
	was missing the ceiling covering; and a window						
	on the back of the building had a gapping area at						
	the top of the frame.						
	Interview on 7/21/2022 with the Program Director (PD) revealed: - She had noticed the stained and damaged						
		•					
		pathroom in May or early					
	June of 2022.	and by familiar all and					
	- The stains were cau						
	•	of the tub area when they					
	took showers.						
		hole in the soffit in April of					
	2022.						
		maintenance requests for					
		facility since April 2022.					
		ible for maintenance had					
		Covid-19 and been unable					
	to complete the neede	ed repairs.					
	Interview on 7/21/202	2 with the Qualified					
	Professional revealed						
	- She knew that work	requests for renairs at the	1				

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facility had been made by the PD.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
MHL0411122		B. WING		07/2	07/21/2022			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CRANBERRY GROUP HOME 5709 CRANBERRY COURT GREENSBORO, NC 27405								
(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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE		
V 736	- The maintenance pe all of the Licensee's fa Covid-19.	erson who was responsible acilities had been out due to erson had not yet been able r requests since his	V 736					

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