		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
JEIN ION ION I			A. BUILDING:			
MHL001-237		B. WING		R-C 08/10/2022		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOMES II		BANE STRE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	A complaint and follow up survey was completed on August 10, 2022. The complaint was unsubstantiated (intake #NC00190573). 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 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.					
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
				R-C		
MHL001-237		B. WING		08/1	0/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAI	NCE HOMES II		BANE STRE TON, NC 27			
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	revealed: -3/23/22-1:00 pm, 4 -There was no dock conducted during the Review on 8/9/22 or revealed: -3/23/22-1:30 pm, 4 -There was no dock conducted during the Interview on 8/9/22 -Staff #1 notified the Staff #1 did fire and Interview on 8/9/22 -When asked about disaster drills with the question. Interview on 8/9/22 -They did fire and dwasn't sure how oft They had not done year. Interview on 8/9/22 -The facility didn't h -He had not conduct since February or N -He confirmed staff disaster drills under emergencies. Interview on 8/9/22 revealed: -He just recently tal	f the facility's fire drill log 1:00 pm and 11:00 pm Immentation of fire drills are 2nd quarter of 2022. If the facility's disaster drill log 1:30 pm and 11:30 pm Immentation of disaster drills are 2nd quarter of 2022. With client #1 revealed: are of fire and disaster drills. I disaster drills with them. With client #2 revealed: a tstaff completing fire and a them. He answered "no" to that With client #3 revealed: a fire or disaster drill since last With staff #1 revealed: a fire or disaster drill since last With staff #1 revealed: ave three separate shifts. Arch 2022. failed to conduct fire and a conditions that simulate With the Director/Licensee Ked to staff about doing fire He thought they were doing				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
MHL001-237		B. WING			R-C 08/10/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOMES II		BANE STRE			
			TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	drills consistently. He thought staff possibly misplaced some of the fire and disaster drill documentation.					
V 736	27G .0303(c) Facilit	ty 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 ensure facin a safe, clean, attricted free from offer Observation on 8/9/revealed: -Kitchen area-There sink with cracks are There were seven of There was a hole in approximately 2 X 3 cracks in popcorn of throughout the ceiling stains varying in size cabinet doors would Bathroom near der The linoleum flooring baseboards were controlled to the salls had peelig in a safe facility of the salls had been	on and interviews, the facility ility grounds were maintained ractive, orderly manner and asive odor. The findings are: /22 at approximately 9:45 am we were three grayish tiles near and edges of tiles exposed. Cracks in the linoleum flooring. In the wall near stove inches long. There were five reiling varying in size and the ceiling. One of the dinot close all the way. In area-The door was stained and was cracked. The racked and had peeling paint.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R-C	
MHL001-237		B. WING		08/10/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ALAMAN	NCE HOMES II		BANE STRE			
	0.0000000000000000000000000000000000000		TON, NC 27			
(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 SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 3	V 736			
V 130	had faded paint. The were two handles in There was one hand on the chest of drawtop the two dresser approximately sixty mattress cover was -Client #5's bedroof paint. The desk near food containers, clothere were 3 pairs skateboards, 2 wath box and a towel on had toiletry items, a and books on top or -Clients #3 and #4's twin sized beds and were stained. Clien There was clothing plastic bin. There we that contained piece mattress was stained handles missing frowere soda cans, encigarette boxes on Client #3's nightstandresser. - Client #6's bedroof There were clothing throughout the roor plastic bags on the on his bed. One of top drawer of dress There was no cove The wooden floor h-Laundry Room-The cracked. The basel paint of the walls were selected.	e walls were stained. There nissing from one dresser. dle missing and a broken leg wers. Clothing was in a pile on and on the floor. There were nail holes in wall. Client #2's torn. In The wooden floor had faded at the bed had dishes, empty othing and toiletries on top of it. of shoes, 3 balls, 3 er containers, an empty snack the floor. Table near the closet a container of peanut butter it. Is bedroom-There were two a fill sized bed. The walls the #3's pillow was stained. In a pile overflowing from a reas a plastic in corner of room es of trash. Client #3's ed and worn. There were two om the chest of drawers. There npty chip bags and empty the floor near client #3's bed. In the way and shoes in piles in the pillows was stained. The er would not close all the way. In on light bulb in the ceiling. In a faded paint. It is lightly was stained. The er would not close all the way. In on light bulb in the ceiling. In a faded paint. In the linoleum flooring was boards had peeling paint. The				

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was a grill, a chair, pieces of plywood, a piece of

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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	
MHL001-237		B. WING			R-C 08/10/2022	
ALAMANCE HOMES II 801 N MEI			DRESS, CITY, S BANE STRE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 736	sheet rock, 8 plastic folding chairBathroom near bac spot in the floor at each the bathtub. The bactains. The shower were approximately mirror over the sink. Interview on 8/9/22 -He was aware of the facilityAbout a month ago to the facility to do to maintenance persocontinue with the return of the was responsible wall. He was using wall and it caused to the landlord was a sissues with the facility the repairsHe thought there wand #4's bedroom to got a new bed. The the extra bedHe confirmed the form of the grounds were main attractive, orderly more offensive odor. Interview on 8/9/22 revealed: -He was aware of missues with the facility. Staff we on the wooden floor peeling and fading and fadin	c bins, a mailbox, picture and ck of facility-There was a soft entrance and a soft spot near athmat was covered in black curtain was stained. There reight cracks in the wall. The was discolored. with staff #1 revealed: the maintenance issues with a maintenance person came the repairs. He thought the most Covid and could not epairs. The for the hole in the kitchen a mop and the handle hit the he hole. The supposed to fix most of the lity and he failed to complete was an extra bed in clients #3 because one of those clients y didn't have time to remove facility failed to ensure facility tained in a safe, clean, manner and kept free from with the Director/Licensee most of the maintenance lity. In floors painted throughout the ere using bleach and cleaner ars. The wooden floors started	V 736			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BUILDING:		R-C		
MHL001-237		B. WING		08/10/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ALAMAI	NCE HOMES II		BANE STRE TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	issues with that fac issues he brought t for some of the rep -He confirmed the f grounds were main	ility. He failed to fix those o his attention. He had to pay airs out of his pocket. Facility failed to ensure facility tained in a safe, clean, nanner and kept free from	V 736			

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