Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				71. 501251110.				
MHL091-069		B. WING		08/	08/11/2022			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ADVANT	ADVANTAGE CARE COMMUNITY SERVICES 476 LYNNBANK ROAD HENDERSON, NC 27536							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS			V 000					
	Deficiencies were of This facility is licens category 10A NCA0 Living for Adults with This facility is licens	sed for the following s C 27G .5600C Superv th Developmental Disa sed for 6 and currently urvey sample consiste	ervice vised ability y has a					
V 736	27G .0303(c) Facility and Grounds Maintenance 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.		V 736					
	Based on observation failed to maintain the attractive manner. Observation on 8/9 11:30 am revealed: Kitchen: cabinet door ne	/22 10:06 am and 8/1 ear refrigerator door w	an and					
	inches and paint ped drawer facing	the hinges near the sink was cra eeling off of the botton in the kitchen near the	n of the					

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

(X6) DATE TITLE

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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	
	MHL091-069		B. WING		08/	08/11/2022	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ADVANT	AGE CARE COMMUN	NITY SERVICES		IBANK ROAI SON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B .SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From page 1			V 736			
	door Hallway: - 2 tennis ball size holes in the wall Hall bathroom - wood rotting around base of tub near tub faucet - golf ball size hole in the back of bathroom door						
	 3 cracked floor tiles 50 cent piece size hole in the wall behind the toilet 						
	Dining room: - 3 inch tear in linoleum flooring near the dining table Family room: - coaxial cable wire across the floor and across middle of walkway to entrance and exit doors						
	Client #5's room - broken curtain rod						
	out of the wood - wood railing on from the post near - brick missing fi foundation near the	ir case railing had no the porch was pulli the front door, left s rom the front porch e door n the front porch nea	ng away ide brick				
	side entrance landi - second step from weight when walking	om the bottom gives	under				

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STATE FORM 6899 TXU411 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MHL091-069		MHL091-069	B. WING		08/11/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE			
ADVANTAGE CARE COMMUNITY SERVICES 476 LYNNBANK ROAD HENDERSON, NC 27536							
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE		
V 736	·	age 2 tte butts, ashes and charred	V 736				

6899

Division of Health Service Regulation STATE FORM