PRINTED: 08/15/2022 FORM APPROVED

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/10/2022	
MHL043-027 NAME OF PROVIDER OR SUPPLIER STREET AE		MHI 043-027				
		DDRESS, CITY, STATE, ZIP CODE		00/	00/10/2022	
ELM STR		300 WES	ST J STREET 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on 8/10/22. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
		sed for 3 and currently has a urvey sample consisted of clients.				
	27G .0303(c) Facility and Grounds Maintenance		V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive	,			
	failed to maintain th	et as evidenced by: ion and interview, the facility ne home in a safe, clean, rly manner. The findings are:				
	following: - Dirty and very o - Dirty and rustin	0/22 at 9:45am revealed the dusty vent in the living room ig vent in the kitchen over the				
	bathroom - Dining room ta scratches all over i					
	- Wall by dining ealth Service Regulation	room table had black scuff				

7IGS11

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Division of Health Service R STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL043-027	B. WING		08/	10/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ELM STR	REET		ST J STREET NC 28339			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page 1 marks and scratches on it		V 736			
	- Kitchen floor had some broken floor pieces, soft spots in some areas and lifting floor pieces					
	 Interview on 8/10/22 the Group Home Manager reported: A maintenance request had been put in. She believed there were some items on back 					
	order. - They were in th dining room table. - The scuff mark	e process of getting a new s on the wall were from how le was previously placed.				
		ie was previously placed.				

7IGS11