Division of Health Service Regulation

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		07/21/2022		
CRANBERRY GROUP HOME 5709 CRANBI				RESS, CITY, STATE, ZIP CODE BERRY COURT DRO, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE COMPLETE		
	An annual survey was completed on 7/21/2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a census of 3. The survey sample consisted of audits of 3 current clients. 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 The process in place to adfacility repairs was implem successfully, however, Coinfections affected our responsible to the primary contractor cannot expected for whatever reasonable.		dress 08/04/22 nted d-19 onse. s POC is pective. contractor vent our erform as		
	was not maintained in manner. The findings Observation of the fa	n and interviews, the facility n a safe, clean and attractive are: cility and it's grounds from		All repairs have been made at th point.	is		
	revealed: - In Client #2's bedrood at the handle, the cowwas 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 over 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

TITLE (X6) DATE Division of Health Service Regulation

DIVISION	or riealin Service Negu	lation	_						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFIC		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	CRANBERRY GROUP HOME 5709 CRANBERRY COURT								
		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	(EACH CORRECTIVE ACTION SHOULD		COMPLETE			
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	IATE 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 cover 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 areas in the hallway bathroom in May or early								
		aunoom in way 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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		MHL0411122	B. WING		07/2	21/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CRANBERRY GROUP HOME 5709 CRANBERRY COURT GREENSBORO, NC 27405								
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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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