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					
		MHL043-027	B. WING		08/10/2022					
		STREET AD	DDRESS, CITY, STATE, ZIP CODE		00.10.2022					
ELM STREET 300 WEST J STREET ERWIN, NC 28339										
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	JLD BE COMPLETE					
V 000	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		V 736		facility asing e duties.  all he has veek. ew and hsure with staff  tenance h the hings. ased for will s to f the orate ng stays roken mplete					
	<ul> <li>Dirty and rusting vent in the kitchen over the sink</li> <li>3 lightbulbs were blown in the clients' bathroom</li> <li>Dining room table fading with spots and scratches all over it</li> <li>Wall by dining room table had black scuff</li> </ul>			RECEIVED AUG 2 9 2022						
	alth Service Regulation			DHSR-MH Licensure Sec						

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

TITLE

(X6) DATE

Division of Health Service Regulation

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
MHL043-027		B. WING		08/10/2022					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE						
ELM STREET 300 WEST J STREET ERWIN, NC 28339									
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			
V 736	marks and scratche - Kitchen floor ha soft spots in some a Interview on 8/10/22 reported: - A maintenance - She believed th order They were in th dining room table The scuff marks	-0	V 736						

7IGS11

Re: Annual Survey completed 8/10/22

Elm Street, 300 West J Street, Erwin, NC 28339

MHL # 043-027

E-mail Address: nesheil.wilson@rhanet.org

Dear DHHS,

Please see the POC for the Bridge Home. If you have any questions or concerns please feel free to reach out to me by email or phone.

Sincerely,

Nesheil Blue, Administrator RHA Health Services NC, LLC 501-C South Wall St. Benson, NC 27504