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	
	MHL072-007		B. WING		08/19/2022		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PERQUIMANS COUNTY GROUP HOME 142 RIVERWOOD DRIVE HERTFORD, NC 27944							
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TION SHOULD BE COMPLÉTI THE APPROPRIATE DATE		
V 000	INITIAL COMMENTS		V 000				
	An annual survey w deficiency was cited	vas completed on 8/19/22. A					
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disability.					
		sed for 6 and currently has a urvey sample consisted of clients.					
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
		and observation, the facility in a safe, clean, attractive					
	Observation on 8/18 following:	8/22 at 10:45am revealed the					
	- Window in from with a piece of woo	t of the home was covered d					
		room r drawer was broken d mismatched knobs					

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

(X6) DATE TITLE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL072-007	B. WING		08/	19/2022	
	NAME OF PROVIDER OR SUPPLIER PERQUIMANS COUNTY GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 142 RIVERWOOD DRIVE HERTFORD, NC 27944						
(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	- Bathroom #1 - Rust in the - Light over to a patch of I - Vent in the dark circles around - Bathroom #2 - Light in the - Light in the - Light in the not work - Wall behind - Client #3's room - Scratches a switch by the door - Client #6's room - Scratches a various areas aroum - Long slim h - Peeling paidoor Interview on 8/18/2: reported: - Client #6 threw window when he wa 8/13/22 She had to get their corporate officient work of the corporate of the work of the wor	bathtub he bathtub didn't work ifted paint by the bathtub ceiling had patches of small it ceiling was rusted ceiling over the bathtub did d toilet had peeling paint and peeling paint over the ligh and small dark spots in and the wall nole in the wall not by the light switch by the 2 the Habilitation Coordinator a table through the front as upset this past Saturday, 1 more estimate to submit to e. ame out the same day of the e window with the wood. in a maintenance request for					
	(QP) reported:	k orders for maintenance					

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL072-007	B. WING		08/1	9/2022	
NAME OF PROVIDER OR SUPPLIER PERQUIMANS COUNTY GROUP HOME 142 RIVERWOOD DRIVE HERTFORD, NC 27944							
(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 736	request that's sent assigns the work to - She heard clier overturned the coffe broke the front wind - The maintenan window the same d - They received t corporate office to g - They are in the for the window The estimates of the proval.	to their corporate office who the maintenance man. In #6 was upset and the etable into the window and show. It was a standard to what was a standard to when a standa	V 736				

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