PRINTED: 09/01/2022 FORM APPROVED

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DAT COM	E SURVE PLETED
		MHL072-007	B. WING		08/	19/202
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CIT	Y, STATE, ZIP CODE		
PERQUI	MANS COUNTY GROU	IP HOME 142 RIVE	RWOOD D	RIVE		
		HERTFO	RD, NC 27	944		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROD DEFICIENCY)	DBE	(CON D
V 000	INITIAL COMMENT	S	V 000			
	An annual survey w deficiency was cited	as completed on 8/19/22. A I.				
	category: 10A NCA	ed for the following service C 27G .5600C Supervised Developmental Disability.				
	This facility is licens census of 6. The su audits of 3 current c	ed for 6 and currently has a rvey sample consisted of lients.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	manner and shall be	REMENTS		DHSR - Mental Hea	lth	
	odor.			SEP 1 9 2022		
				Lic. & Cert. Section		
		nd observation, the facility n a safe, clean, attractive				
	Observation on 8/18/ following:	22 at 10:45am revealed the		Corrective Action:		
	 Window in front of with a piece of wood 	of the home was covered		Window will be replaced. Glass ordere Estimated time of installation 2-3 weeks	d 9/1/22. 5.	9/22
	 Dresser had throughout 	om drawer was broken mismatched knobs		Work order submitted to reapleed dresse on 9/18/22. Determined drawer beyond and dresser will need to be replaced.	er drawer repair	10/18/
ION OF HEAD	alth Service Regulation DIRECTOR'S OR PROVIDER		ATURE		()	(6) DATE
E FORM	mark f	wour msurt		TROQVAM MANDOR	9	152

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STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• • •	E CONSTRUCTION	(X3) DATE S COMPL	
		MHL072-007	B. WING		08/19	9/2022
	PROVIDER OR SUPPLIER	142 RIVER	RESS, CITY, ROOD DR D, NC 2794			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLET DATE
V 736	Continued From pa	age 1	V 736			
	- Bathroom #1 - Rust in the	e bathtub the bathtub didn't work		Bath tub cleaned and unable to remo- spots. Will list on work orders to The	ve rust Arc of NC.	8/19/22
	 A patch of Vent in the 	lifted paint by the bathtub e ceiling had patches of small		Work order submitted on 8/19/22 to relight over bathtub.	eplace	10/18/2
	dark circles around	d it		Work order submitted on 8/19/22 to rusting vents.	eplace	10/18/2
	- Light in the	e ceiling was rusted e ceiling over the bathtub did		Work order submitted to replace light bathtubs 8/19/22.	s over	10/18/22
	not work - Wall behir	nd toilet had peeling paint		Work order submitted on 8/19/22 to p behind toilet.	aint wall	10/18/2
	 Client #3's roo - Scratches switch by the door 	and peeling paint over the light		Work order submitted on 8/19/22 to scratches near light switches.	paint	10/18/22
	various areas arou	and small dark spots in und the wall		Will put in a work order request with NC to determine schedule for painti of home.	The Arc of ng the insid	10/18/2 e
	- Long slim - Peeling pa	hole in the wall aint by the light switch by the		Work order submitted for hole in wa has been completed.	ll. Repair	9/2/22
	Interview on 8/18/ reported: - Client #6 threw window when he w 8/13/22. - She had to ge	22 the Habilitation Coordinator w a table through the front was upset this past Saturday, et 1 more estimate to submit to		Work order submitted to paint arour switches.	nd light	10/18/2
	incident to cover t	came out the same day of the the window with the wood. It in a maintenance request for				
	(QP) reported:	/22 the Qualified Professional				

Division of Health Service Regulation STATE FORM

6899

PE8X11

If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (21) MEXIPPLERCLIA IDENTIFICATION NUMBER (22) MULTIFILE CONSTRUCTION A BUILING (23) MULTIFILE CONSTRUCTION A BUILING (24) MULTIFILE CONSTRUCTIO	Division of Health Service Regulation			FORM	APPROVED
NAME OF PROVIDER OR SUPPLIC STREET ADDRESS, CITY, STATE, ZIP CODE 142 RIVERWOOD DRIVE HERTFORD, NC 27944 PROVIDER OR SUPPLIC SUMMARY STREMENT OF DEFINITION, NC 27944 PARTIN SUMMARY STREMENT OF DEFINITION, NC 27944 PRETX SUMMARY STREMENT OF DEFINITION, NC 27944 PRETX SUMMARY STREMENT OF DEFINITION, NC 7994 PRETX PRETX REGULTTORY OR LSCIDENTIFYING INFORMATION, PRETX PRETX V736 Continued From page 2 V 736 V738 Continued From page 2 V 736 - The maintenance man boarded up the window the same day. - The maintenance man boarded up the window the same day. - They received the approval row window the same day. - They received the approval from the corporate office to get 3 estimates for the window. - They are dist 1 more estimate before they could submit. - They needed 1 more estimate before they could submit. - Tit's a process."	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER				
NAME OF PROVIDER OR SUPPLIER THEET ADDRESS. CITY, STATE. 2IP CODE PERQUIMANS COUNTY GROUP HOME 112 RIVERWOOD DRIVE HERTPORD, NC 2794 IMA. DR SUMMARY STATEMENT OF DEFICIENCIES TAS SUMMARY STATEMENT OF DEFICIENCIES IMA. DR SUMMARY STATEMENT OF DEFICIENCIES TAS Continued From page 2 V 736 Continued From page 2 Image: State and Cleant #6 was upset and overturned the coffee table into the window and broke the front window. - The maintenance man. back for the window and broke the front window. - The maintenance man back for the window. - The restimates will be presented to corporate for aproval. - They are inthe process of getting estimates for the window. - They are stimates before they could submit. - "It's a process."	MHL072-007	B. WING		08/	9/2022
Waylow Preventional Control Concernences Dependences Provider's PLAN OF CORRECTION (Consection Action Should be ready to the proceeding of the procee	NAME OF PROVIDER OR SUPPLIER STR	EET ADDRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG CACH CORRECTE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE COMPARE DEFICIENCY V736 Continued From page 2 V736 V736 request that's sent to their corporate office who assigns the work to the maintenance man. - She heard client #0 was upset and overturned the coffee table into the window and broke the front window. - The maintenance man boarded up the window the same day. - They received the approval from the corporate office to get 3 estimates for the window. - They received the approval from the corporate office to get 3 estimates for the window. - They needed the presented to corporate for approval. - They needed 1 more estimate before they could submit. - "It's a process." - They received the approval - They approval from the could submit.					
request that's sent to their corporate office who assigns the work to the maintenance man. - She heard client #6 was upset and overturned the coffee table into the window and broke the front window. - The maintenance man boarded up the window the same day. - They received the approval from the corporate office to get 3 estimates for the window. - They received the approval gestimates for the window. - The restimates will be presented to corporate for approval. - They needed 1 more estimate before they could submit. - "It's a process."	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
	 request that's sent to their corporate office will assign the work to the maintenance man. She heard client #6 was upset and overturned the coffee table into the window a broke the front window. The maintenance man boarded up the window the same day. They received the approval from the corporate office to get 3 estimates for the window. They are in the process of getting estimate for the window. The estimates will be presented to corporate office approval. They needed 1 more estimate before they could submit. 	ho ind idow. tes rate	DEFICIENCY)		
ision of Health Service Regulation	ision of Health Service Regulation				

PE8X11

If continuation sheet 3 of 3

Elizabeth City Glass, LLC 1895 Weeksville Road Elizabeth City, NC 27909 252-339-7152 www.elizabethcityglass.com

Invoice

DATE	
9/1/2022	1

BILL TO

142 Riverwood Drive Hertford, N.C. 27944 252-312-6358

INVOICE # 2204

P.O. NUMBER



ITEM	DESCRIPTION		
Glass	(1pc) 32 15/16" x 24" x "5/8 IG Clear annealed		98.55
Misc. materials	Clear silicone, double sided tape, etc.		0.00
Labor	(1) Man (2) Hours		225.00
Sales Tax (7%)			22.64
Card Fee 2.3%			7.96
Summary	Replacement of glass in window sash.		0.00
1			
Thank you for you Please leave us a	ur business! review at WWW.ELIZABETHCITYGLASS.COM	Total	354.15

From: Sent: To: Subject: ELIZABETH CITY GLASS <noreply@swipesimple.com> Thursday, September 1, 2022 11:25 AM

Receipt from ELIZABETH CITY GLASS (Transaction #10109335-2126)

ELIZABETH CITY GLASS

105 MARSHALL COURT , MOYOCK, NC 27958

Transaction #	10109335-2126
Date	09/01/2022 11:19 AM
Result	Approved
Auth Code	94859G
Transaction Method	Keyed
Transaction Type	Sale
Cardholder	perquimans dda home/
Name	life inc.
Card	
Card Type	Visa
1 × Quick Item	\$354.15
Subtotal	\$354.15
Total	\$354.15
method	Key Entered
mid	XXXXXXXX5142
tid	001

Receipt sent via SwipeSimple, powered by CardFlight

© CardFlight, Inc. 2022

e Worle	k Ərs	Facilities dresser drawer broke Work Order Request - Routine	*28700* *28700* 28700
Budget #:MHL-072-007	Perquima -General DDA		Reported 18 Aug 2022 Printed 12 Sep 2022 04:19:35pm Closed 2 Sep 2022
Priority: DDA	Estimated: 0	Reviewed: No	Status: 2-Closed
Classification:	Carpentry		
Procedure or Request	Details		
The bedroom across	s from the bathroo	m drawer is off.	

e Work Orders	Facilities light out Work Order Request - Routine		*28691* *28691* 28691
Budget #:MHL-072-007	Perquimans -General DDA		Reported 18 Aug 2022 Printed 12 Sep 2022 04:11:42pm
Priority: DDA	Estimated: 0	Reviewed: No	Status: 0-Open
Classification: Elec	trical		
Procedure or Request Detail	S		
The light in the shower takes. I cant get the c	r in the handicap bacover off.	athroom is out. Not sure	e what bulb it

Budget #:MHL-072-0 Priority: DDA		nated: 0	Reviewed: No	Status: 2-Closed
		Perquimans -General DDA		Reported 22 Aug 2022 Printed 12 Sep 2022 04:17:41pm Closed 2 Sep 2022
Corc	lers		Facilities to be replaced in bathroom Order Request - Routine	*28738* *28738* 28738

e Work Orde		nt peeling behind the toilet. Vork Order Request - Routine	*28699* 28699
Budget #:MHL-072-007	Perquimans -General DDA		Reported 18 Aug 2022 Printed 12 Sep 2022 04:15:36pm Closed 2 Sep 2022
Priority: DDA	Estimated: 0	Reviewed: No	Status: 2-Closed
Classification:	Carpentry		
Procedure or Request I	Details		

e Work Orders	Scrato Work	Facilities hes by the light switch Order Request - Routine	*28698* *28698* 28698	
Budget #:MHL-072-007	Perquimans -General DDA		Reported 18 Aug 2022 Printed 12 Sep 2022 04:17:20pm Closed 2 Sep 2022	
Priority: DDA	Estimated: 0	Reviewed: No	Status: 2-Closed	
Classification: Ca	arpentry			
Procedure or Request Deta	ils			
the bedroom in front of switch that needs to b	of bathroom 2. Right be sanded and painte	by the filter has scrat d.	tches by light	

e Work Orders	Work	Facilities hole in wall Order Request - Routine	*28697* *28697* 28697
Budget #:MHL-072-007	Perquimans -General DDA		Reported 18 Aug 2022 Printed 15 Sep 2022 10:10:45am Closed 2 Sep 2022
Priority: DDA	Estimated: 0	Reviewed: No	Status: 2-Closed
Classification: Car	pentry		
Procedure or Request Detail	s		
The bedroom to the riv window. Also a big crav	ght of the dryer has ck by the closet doo	s small holes in the wal or.	ll by the

e Work Orders		Facilities Ceiling AC vents rusted Work Order Request - Routine		*27893* *27893* 27893
Budget #:MHL-072-0	007	Perquimans -General DDA		Reported 30 Jun 2022 Printed 15 Sep 2022 10:36:23am Closed 29 Jul 2022
Priority: DDA	Est	imated: 0	Reviewed: No	Status: 2-Closed
Classification:	Painting			
Procedure or Request Details				
Vents are located in kitchen and bathrooms				



Re: Annual Survey Completed 8/19/22 Perquimans County Group Home, 142 Riverwood Dr., Hertford, NC 27944 MHL# 072-007

Dear Ms. Ferguson,

Attached is the plan of correction for the survey completed on August 19, 2022. Please advise if you need additional information.

Sincerely,

Program Manager