

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL096-271</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINSTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1606 SALEM CHURCH ROAD GOLDSBORO, NC 27530</b>
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(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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on November 1, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living For Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 currents.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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.</p> <p>This Rule is not met as evidenced by: Observations on 11/1/22 of the facility at approximately 12:00pm revealed: -A brown three seat couch in the living area with the leather fabric peeling all over. Peelings from the couch were on the floor in front of the couch and the love seat. -A cabinet under the sink in client #2's bathroom was missing the left door. The left door was sitting on the floor to the right of the cabinet. Client #2's 5 drawer was missing the left knob on the first drawer and the third handle on the third drawer. -Client #1's 3 drawer nightstand was missing knobs on all three drawers and there was fabric</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	Continued From page 1  from the living room couch on his floor.  Interview on 11/1/22 the Qualified Professional/Director of Operations stated: -The facility would be getting a new couch soon. -He would check into the cabinet door in client #2's bathroom. -He understood the facility was required to be maintained in a safe, clean, attractive and orderly manner.	V 736		