PRINTED: 12/12/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED						
			7 ti Bolebiiro.								
MHL093-034		B. WING		12/12/2022							
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
WILLOW ROAD FACILITY 474 MACON, NC. 27551											
MACON, NC 27551											
(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)	LD BE	(X5) COMPLETE DATE					
V 000	INITIAL COMMENTS		V 000								
	An annual and follow up survey was completed on 12/12/22. Deficiencies were cited.										
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.										
		ed for 3 and currently has a rvey sample consisted of clients.									
V 736	736 27G .0303(c) Facility and Grounds Maintenance		V 736								
	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.										
		on and interview, the staff e facility in a clean, safe and									
	- there was mol the window under th - the smoke de beeping throughout - bedroom #1 n broken	8/22 at 1:00pm revealed: d and rust on the outside of ne window air conditioner unit tector at the front door was the survey nini blinds had 6 spindles verhead light globe was									
		resser the 2nd drawer was									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

PRINTED: 12/12/2022 FORM APPROVED

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						
		MHL093-034	B. WING		12/1	2/2022					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
WILLOW ROAD FACILITY 474 MACON-EMBRO ROAD MACON, NC 27551											
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)							
V 736	broken and the face bedroom #3 bewere missing several drawe the faces of the dra the kitchen's of the coverings Interview on 12/8/2 reported all above in	e of the drawer was missing pedroom door 2 of the 3 hinges ers in the kitchen were missing	V 736								

Division of Health Service Regulation STATE FORM

6899 ONI211 If continuation sheet 2 of 2