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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			B. WING		F				
		MHL040-021	B. WING		12/0	6/2022			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
EDWARDS CROUP HOME #3 408 EAST MAIN STREET									
EDWARDS GROUP HOME #2 HOOKERTON, NC 28538									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
V 000	INITIAL COMMENTS		V 000						
	on December 6, 20	w up survey was completed 22. A deficiency was cited.							
	category: 10A NCA Living for Adults wit	C 27G .5600A Supervised h Mental Illness.							
		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	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive							
		on and interview the facility in a safe, clean, attractive							
	10:05am revealed: - 2 tires in the backy - The TV bracketed broken screen.	06/22 at approximately yard. to the living room wall had a m had a patched area on the							
	wall and the door kr - Client #2's bathrood bracket on the wall.	nob was loose. om had a broken towel rack							

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

(X6) DATE TITLE

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MHL040-021 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 408 FAST MAIN STREET	12/	R 06/2022						
	DRRECTION							
ANR FACT MAIN CTREFT	DRRECTION							
EDWARDS GROUP HOME #2 408 EAST MAIN STREET HOOKERTON, NC 28538								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF C PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	(X5) COMPLETE DATE						
V 736 Continued From page 1 ceiling fan light bulb and the curtain rod bracket was broken. - Client #6's bedroom had a missing top dresser drawer. - Client #5's bedroom had the smoke detector removed and wires were hanging from the ceiling. - The kitchen chairs wobbled and were unstable. Interview on 12/06/22 staff #1 stated: - A client had broken the living room TV. - The client that broke the TV no longer lived at the facility. Interview on 12/06/22 the Qualified Professional/Licensee stated: - Client #5 will take his smoke detector down at times. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.								

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