

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-271	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/01/2022
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NAME OF PROVIDER OR SUPPLIER WINSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1606 SALEM CHURCH ROAD GOLDSBORO, NC 27530
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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	INITIAL COMMENTS An annual and follow up survey was completed on November 1, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living For Adults with Developmental Disabilities. This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 currents.	V 000	<u>V736</u> The Couch in the home has been Replaced and the missing Knobs and Cabinet have been repaired.	
V 736	27G .0303(c) Facility and Grounds Maintenance 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. 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	V 736	To Prevent additional deficiencies in this area in the future, in Depth home inspections will be completed by QP no less than Monthly, and documented. Any Maintenance Needs will be Submitted to Maintenance Dept. on a "Repair Order Form". Completion of Repair orders will be Monitored by Director of Operations	11/16/22

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Caleb [Signature]* TITLE *Director of Operations* (X6) DATE *11/16/22*

STATE FORM 6899 S17E11 If continuation sheet 1 of 2

DHSR - Mental Health

NOV 18 2022

Lic. & Cert. Section

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <p>from the living room couch on his floor.</p> <p>Interview on 11/1/22 the Qualified Professional/Director of Operations stated:</p> <ul style="list-style-type: none"> -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		