

PRINTED: 10/03/2022  
FORM APPROVED

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>MHL001-215 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>R<br>09/27/2022 |
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|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>ALAMANCE HOMES | STREET ADDRESS, CITY, STATE, ZIP CODE<br>625 N MEBANE STREET<br>BURLINGTON, NC 27217 |
|--|--|

| (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<br><br>A follow up survey was completed on September 27, 2022. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.<br><br>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients and 1 former client.   | {V 000}       |   |                    |
| {V 736}            | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are:<br><br>Observation on 9/27/22 at approximately 10:40 am revealed:<br>-Kitchen area: The linoleum flooring was torn. Blinds were broken, there was food and grease on walls, cabinets and appliances. There was a weak spot in the flooring in front of the stove.<br>-Hallway bathroom-The linoleum flooring was torn. There was corrosion around the faucet of sink. Walls were stained and paint was peeling. | {V 736}       | DHSR - Mental Health<br><br>DEC 13 2022<br><br>Lic. & Cert. Section   |                    |
|                    |   | 10/7          | The Kitchen Area was thoroughly cleaned. Blinds were taken down.  | 10/7               |
|                    |   | 10/16         | The building owner was notified of the flooring problems. He stated he was running behind on his work. He will get to it as soon as possible. |                    |

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

*J. M. [Signature]*

TITLE Owner / Director

(X6) DATE 12/9/2022

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NAME OF PROVIDER OR SUPPLIER  
**ALAMANCE HOMES**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**625 N MEBANE STREET  
BURLINGTON, NC 27217**

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|--------------------|--|---|---|---|
| (V 736)            | <p>Continued From page 1</p> <p>There was black mold around the tub and the inside of tub had soap scum. Door to bathroom was cracked and paint peeling. Curtain rod to window was bent and curtain was sagging.<br/>-Client #3's bedroom-Carpet was stained. Walls and door were stained.<br/>-Clients #2 and #4's bedroom-Walls were stained and had peeling paint. There were loose pieces of tobacco was on top of chest of drawers.<br/>-Clients #1 and #5's bedroom-There was a musty odor. The door was stained.</p> <p>Interview on 9/27/22 with staff #1 revealed:<br/>-The Director/Licensee was aware of the maintenance issues with the facility.<br/>-The Director/Licensee didn't own the facility and he thought he reached out to the landlord about those issues with the facility.<br/>-He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free offensive odor.</p> <p>Interview on 9/27/22 with the Director/Licensee revealed:<br/>-He was aware of the maintenance issues with the facility.<br/>-He talked with the landlord to about the maintenance issues with the facility.<br/>-The landlord made some of the repairs, however he had some additional repairs he needed to complete for the facility.<br/>-He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free offensive odor.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | <p>{V 736}</p> <p>10/8</p> <p>10/17</p> <p>10/8</p> <p>10/7</p> | <p>Tub and bathroom were thoroughly cleaned. Curtain rod was taken down and there are blinds.</p> <p>We cleaned carpet best as possible. New flooring was unable to be put down.</p> <p>Walls have been painted through out the house.</p> <p>Clients rooms have been thoroughly cleaned.</p> | <p>10/8</p> <p>10/17</p> <p>10/20</p> <p>10/7</p> |