

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/15/2022
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NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on December 15, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 12/15/22 at approximately 9:30am thru 10:30am revealed:</p> <ul style="list-style-type: none"> - The smoke detector in the kitchen emitted a chirping sound approximately every 35 seconds. - The panel wall near the dining room table was cracked. - The air register vent in the dining room was broken. - The step up to client #4 and #6's room had broken tile on the corner and a dresser had two 	V 736		

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

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V 736	<p>Continued From page 1</p> <p>missing drawers.</p> <ul style="list-style-type: none"> - The hallway bathroom light above the sink did not work. <p>Interview on 12/15/22 the Qualified Professional/Licensee stated:</p> <ul style="list-style-type: none"> - The House Manager was to follow up on any identified issues. - She did not have any additional questions regarding identified issues. <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 736		