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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
		MHL032-249	B. WING		12/2	R 1/2022						
					12/2	III						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
HICKORY GLEN HOME 104 HICKORY GLEN LANE DURHAM, NC 27703												
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION								
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		(X5) COMPLETE DATE						
V 000	INITIAL COMMENTS		V 000									
		w up survey was completed 022. A deficiency was cited.										
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.										
		sed for 3 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	103 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive										
	failed to ensure faci	et as evidenced by: on and interview, the facility ility grounds were maintained I attractive manner. The										
	Living Room reveal	21/22 at 11:55 am of the ed: out. A section of carpet had										
	bathroom inside Cli	21/22 at 12:03 pm of the ent #2's Bedroom t revealed: from tub 's faucet and it had inside the tub.										

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

(X6) DATE TITLE

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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				
		MHL032-249	B. WING		F 12/2	₹ 1/2022			
NAME OF PROVIDER OR SUPPLIER STREET ADD				DRESS, CITY, STATE, ZIP CODE					
HICKORY GLEN HOME 104 HICKORY GLEN LANE DURHAM, NC 27703									
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE			
V 736	Continued From page 1		V 736						
	Hallway leading to target -Wall in front of laur Interview on 12/21/2 Professional (QP) racility rented the Landlord was respet to houseWork order was subseen informed. Unknowld take to have a laur they also had subhave the leak fixedQP had been talking and discussed possione due to issues right awayAgency would be easily grounds were and attractive mannother the laur to respect to the second of	house. consible for making repairs to abmitted and the landlord had known when and how long it carpet replaced. mitted a request for the tub to ag with Quality Insurance staff sibility of moving to another with landlord not fixing things exploring possible options. If agency failed to ensure the maintained in a clean, safe mer stitutes a re-cited deficiency							

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