Division of Health Service Regulation

FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED							
		71. 501251110.									
	MHL096-019	B. WING	B. WING 01/09/20		9/2023						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
DR JAMES H MCGLONE DEVELOPMENTAL CENTER  2010 HIGHWAY 117, NORTH BYPASS  GOLDSBORO, NC 27530											
SUMMARY STATEMENT OF DEFICIENCIES  X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	ON SHOULD BE COMPLETE HE APPROPRIATE DATE							
00 INITIAL COMMENTS		V 000									
A complaint survey was completed on January 9, 2023. The complaint was unsubstantiated (Intake #NC00194254). A deficiency was cited.  This facility is licensed for the following service											
categories: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.											
This facility has a current census of 47.											
36 27G .0303(c) Facility and Grounds Maintenance		V 736									
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.											
Based on observation was not maintained in orderly manner. The Observations on 01/0 pm revealed: -The hallway with the approximately 5 patch hole the size of a bas-Classroom #3 had a door and a storage ro	ns and interview the facility in safe, clean, attractive and findings are:  19/23 at approximately 12:07  ramp walk way had the areas on the walls and a leball.  patched area behind the										
	ROVIDER OR SUPPLIER  S H MCGLONE DEVELOR  SUMMARY ST.  (EACH DEFICIENC REGULATORY OR I  INITIAL COMMENTS  A complaint survey w 2023. The complaint (Intake #NC00194254)  This facility is license categories: 10A NCA Developmental Vocat Individuals with Deve 10A NCAC 27G .5400 of all Disability Group  This facility has a cur  27G .0303(c) Facility  10A NCAC 27G .0303  EXTERIOR REQUIRI (c) Each facility and it maintained in a safe, manner and shall be odor.  This Rule is not met Based on observation was not maintained ir orderly manner. The  Observations on 01/0 pm revealed: -The hallway with the approximately 5 patch hole the size of a bast-Classroom #3 had a	ROVIDER OR SUPPLIER  SH MCGLONE DEVELOPMENTAL CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A complaint survey was completed on January 9, 2023. The complaint was unsubstantiated (Intake #NC00194254). A deficiency was cited.  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The findings are:  Observations on 01/09/23 at approximately 12:07 pm revealed:  -The hallway with the ramp walk way had approximately 5 patched areas on the walls and a hole the size of a baseball.  -Classroom #3 had a patched area behind the door and a storage room had 5 patched areas on	ROVIDER OR SUPPLIER  SH MCGLONE DEVELOPMENTAL CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A complaint survey was completed on January 9, 2023. The complaint was unsubstantiated (Intake #NC00194254). A deficiency was cited.  This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.  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REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A complaint survey was completed on January 9, 2023. The complaint was unsubstantiated (Intake #NC00194254). A deficiency was cited.  This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G.0303 LOCATION AND EXTERIOR REQUIREMENTS  TO 303(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: Based on observations and interview the facility was not maintained in a sefe, clean, attractive and orderly manner. 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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

PRINTED: 01/17/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
			A. BUILDING: _								
		MHL096-019	B. WING		01/0	01/09/2023					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
DR JAMES H MCGLONE DEVELOPMENTAL CENTER  2010 HIGHWAY 117, NORTH BYPASS  GOLDSBORO, NC 27530											
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLICATION COMPLETE							
V 736	room was damagedThe computer room wall next to the bullet  During interview on 0 Director revealed: -The damages had be Maintenance departm the list of repairs for t -One client that attend damages and as soon	had two large holes in the in board.  1/09/23 the Program een reported to the nent and had been added to the facility. ds the program causes the	V 736	DEFICIENCY)							

Division of Health Service Regulation

STATE FORM 6899 O2WD11 If continuation sheet 2 of 2