PRINTED: 01/23/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	A. BUILDING:					
		MHL059-065	B. WING		R 01/12/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
RUTHIE'S PLACE 71 EAST 4TH MARION, NC						
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	on 1/12/23. Deficiend	up survey was completed sies were cited.				
		27G .1700 Residential				
		d for 4 and currently has a vey sample consisted of ents.				
V 369	G.S. 122C-6 Smoking	g Prohibited	V 369			
	(a) Smoking is prohib under this Chapter. A "smoking" means the lighted cigar, cigarette smoking product. As means a fully enclose	PROHIBITED; PENALTY ited inside facilities licensed s used in this section, use or possession of any e, pipe, or other lighted used in this section, "inside" ed area. wns, manages, operates, or				
	otherwise controls a f shall:	acility subject to this section st signs clearly stating that				
	smoking is prohibited	inside the facility. The signs national "No Smoking"				
	a red circle with a red	urning cigarette enclosed in bar across it. who is smoking inside the				
	facility to extinguish the (3) Provide written no	ne lighted smoking product. tice to individuals upon ing is prohibited inside the				
	facility and obtain the	signature of the individual resentative acknowledging				
	(c) The Department n	nay impose an not to exceed two hundred				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
MHL059-065		B. WING		R 01/12/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RUTHIE'S	PI ACF	71 EAST 4	TH STREET			
		MARION, N	IC 28752			
(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 (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 369	Continued From page 1		V 369			
	dollars (\$200.00) for ewho owns, manages, controls a facility licer	each violation on any person operates, or otherwise used under this Chapter and ubsection (b) of this section. tion constitutes a civil of a crime.				
		n and interview, the facility moking" sign in the facility to was prohibited in the				
	Observation at 4:02pr -there was no"No Sm facility.	m on 1/9/23 revealed: oking" sign posted in the				
	Interview on 1/10/22 v Manager/Associate P -there had been a sig what happened to it; -will replace and post	rofessional revealed: n posted but he wasn't sure				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				

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I \		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
		MIII 050 005	B. WING		R			
		MHL059-065			J U1/12	2/2023		
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE				
		71 FAST	4TH STREET					
RUTHIE'S	PLACE		NC 28752					
			NC 28732	I				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE		
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE		
iAG		,	17.0	DEFICIENCY)				
V 736	Continued From page	2	V 736					
	This Rule is not met	<u>-</u>						
		nd observation, the facility						
		n a safe, clean, and orderly						
	manner. The findings	s are:						
	Observation at 3:28pr	m on 1/9/23 revealed:						
	-the overhead light at	the entrance to Client #3's						
	and Client #4's bedro	om was not functioning;						
		dent in the wall to the right						
	of Client #4's bed;							
	-an air intake vent on the wall near the kitchen table, measuring approximately 2 feet x 3 feet, was covered in a visible layer of dust;							
		d light fixture in Client #2's						
	bedroom was not fund	•						
		ent #2's bedroom was bent						
	and sagged in the mid							
	-in Client #2's bathroom, a bifold closet door was							
	off of its tracks and was leaning against a wall in							
	the closet;							
	-the bottom of the bat	htub/shower in Client #2's						
	bedroom was stained	with a red and blackish						
	color;							
	-there was a rust like	substance on the floor vents						
	in Client #1's bedroom	n and Client #2's bathroom;						
		the left of the front door,						
		pproximately 3 inches by 6						
		aster where the paint had						
	rubbed off of the wall.							
	TUDDEU OH OH HIE WAII.	•						
	Internious si 4/0/00	ith Client #2 never to de						
		ith Client #2 revealed:						
		working when she arrived						
	but fell off its hinges;							
		s and the light coming from						
	the bathroom to light	her room.						

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Interview on 1/10/23 with House

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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	
			D WINC		l l	R	
		MHL059-065	B. WING		01	/12/2023	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE			
RUTHIE'S	PLACE		4TH STREET NC 28752				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE	
V 736	Continued From page	3	V 736				
V 736	Manager/Associate Prevealed: -the facility rented the he did some of the relandlord who complet will replace the lights #4's bedroom; -the overhead light/fa bedroom needed to bethe pink stain in the staffom hair dye and the left after a shower madid not know about the bathroom but will have Intervview on 1/12/23 Professional revealed.	rofessional (HM/AP) house; epairs or he contacted the ed the repairs; bulb in Client #3's and Client in fixture in Client #2's e replaced; bathtub in Client #2's was black spots and stain were at was removed; the closet door in Client #2's e it repaired. with the Qualified l: AP and they will contact the	V 736				

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