


Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-007 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 11/30/2022 |
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| NAME OF PROVIDER OR SUPPLIER DOGWOOD | STREET ADDRESS, CITY, STATE, ZIP CODE 212 DOGWOOD LANE SNOW HILL, NC 28580 |
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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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on November 30, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is license for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p> | V 000 | <p><u>V736</u> Lic. & Cert. Section</p> <p>Ambleside worked to immediately correct the deficiencies noted by Surveyor @ the time of inspection. The following corrections have been made at this time.</p> | FEB 01 2023 |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</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>Observation on 11/29/22 at approximately 1:07pm revealed:</p> <ul style="list-style-type: none"> -Paint peeling from the front door. -Client #3's six drawer dresser was missing the bottom drawer and a smaller drawer was placed in the empty drawer space and his bedside table's bottom drawer was broken. -Client #1 and #2's bedroom had a four light ceiling fan with no working light bulbs in it. | V 736 | <ul style="list-style-type: none"> - Front Door has been repainted. - Client #3's dresser has been Replaced. - The Ceiling fan in Client #1 & #2's bedroom has been Replaced. - Client #1's Recliner has been tossed and a new rocking Chair has | 1/20/23 |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE Director of Operations | (X6) DATE 1-30-2023 |
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| V 736 | Continued From page 1 -Client #1's recliner had fabric that was peeling off in various places. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 736 | <i>Requested by Client #1 has been put in his room. At this time, all deficiencies have been corrected.</i> | | |