

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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NAME OF PROVIDER OR SUPPLIER FAITH THERAPEUTIC SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 DUCHESS LANE HUBERT, NC 28539
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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 January 26, 2023. A deficiency was cited.</p> <p>The facility is licensed for the following service: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>This facility is licensed for 2 and currently has a census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
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 1/26/23 at approximately 11:26am revealed: -Small particles of debris was on the floor in the living room. -The front of the refrigerator was covered with stains and residue streaks. -Brown splatter was on the lower cabinets beside the refrigerator -Debris and small particles of food was on the floor in the kitchen.</p>	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Leaves, dust and dirt was in the threshold of the back storm door. -The wall beside the back door in the utility room was breaking away. -There was a crack in the wall beside the door paneling in the utility room. -There were white splatter stains on the water faucet in the bathroom. <p>Interview on 01/26/23 the Licensee stated:</p> <ul style="list-style-type: none"> -She is aware of needed repairs in the utility room. -She is making repairs to the facility. -She is taking on one project at a time. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		