STATEM AND PLA	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DAT			E CLIDY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: 01			(X3) DATE SURV COMPLETED	
		MHL034-296	B. WING				
NAME OF	ME OF PROMERED OF CHIEF				02/	02/01/20	
				STATE, ZIP CODE			
HOME	CARE SOLUTIONS AT I		ATHER VIEW ON SALEM, NO				
(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES	ID			7	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CO		CON	
	The second secon	O IDENTIF THIS INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENCE		0	
	INITIAL COMMENTS	S	V 000		,		
	Report by Scott Greenwood						
	DHSR Construction	DHSR Construction Section conducted a Biennial					
	12:35 AM at the above	1, 2023 from 11:30 AM to we referenced facility. DHSR					
	records indicate the	nome was first licensed on					
	November 1, 2019 as a MHL .5600C for Three						
	(3) ambulatory clients. (Who are able to respond						
	and evacuate without any physical or verbal assistance during a fire or other emergency.)						
	Based on this information we are requiring the						
	home to maintain compliance with the following:						
	the 2006 Rules for M	ental Health, Mental					
	Substance Abuse Fac	mental Disabilities, and cilities and Services (10A					
	NCAC 27G), and the	applicable portions of the					
	2018 North Carolina S	State Building Code -					
	Section R 101.2 - Res	sidential Care Homes.					
	NOTES:	*					
	1.) At the time of our v	visit, we cited deficiencies					
	that require an accept	able plan of correction. All		Duo			
1	staff during the exit int	e discussed with on-site		DAS	R - Mental Hea	alth	
-							
	2.) Take actions to cor	rect all listed deficiencies,		N	MAR 0 3 2023		
t t	photos, receipts, invoice	de verification in the form of		Lin			
	performed.	ooo, oto. for all work		L.IG.	R Cert. Section		
	Th		28. 6				
	The cited deficiencies	are as follows:			THE PARTY OF THE P		
1	.0301(c) Sanitation and	d Fire Documentation	V 716				
	10A NCAC 27G .0301.	COMPLIANCE WITH	*				
	BUILDING CODES	related at the same					
	(c) Each facility shall mevidence of compliance	aintain documented					
n of Hea		o mar applicable life,			1		

STATE FORM

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: 01 02/01/2023 MHL034-296 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3816 HEATHER VIEW LANE HOME CARE SOLUTIONS AT HEATHER VIEW WINSTON SALEM, NC 27127 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 716 V 716 | Continued From page 1 sanitation and building codes including an annual fire inspection. This Rule is not met as evidenced by: 1. At The time of the survey it was observed that the Fire and Sanitation reports were not on-site for review. This is not compliant with the rule. Take the necessary steps to provide our office copies of the requested reports and take measures to ensure that in the future copies are on-site for review as requested. V 736 V 736 .0303(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: 1. At the time of the survey it was observed that the front right hand side bedroom window had a damaged window blind. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 2. At the time of the survey it was observed that the hall bathroom exhaust fan had dust buildup. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 3. At the time of the survey it was observed that the smoke detector in the main bedroom was making a low battery indication sound. This is not compliant with the rule. Take the necessary steps

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to replace the smoke detector batteries on a

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 COMPLETED MHL034-296 B. WING 02/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 HEATHER VIEW LANE HOME CARE SOLUTIONS AT HEATHER VIEW WINSTON SALEM, NC 27127 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 736 Continued From page 2 V 736 regular basis. 4. At the time of the survey it was observed that the main bedroom bathroom exhaust did not function. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 5. At the time of the survey it was observed that the fire extinguisher service tag was out of date and not being monitored on a monthly basis. This is not compliant with the rule. Take the necessary steps to service the fire extinguishers and monitor the fire extinguishers on a monthly basis. 6. At the time of the survey it was observed that there was lint buildup and debris behind the clothes dryer. This is not compliant with the rule. Take the necessary step to correct these deficiencies. 7. At the time of the survey it was observed that there was dust buildup at the air return filter. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 8. At the time of the survey it was observed that the vinyl floor seam between the kitchen and living room was torn. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 9. At the time of the survey the following deficiencies were observed in the kitchen. These are not compliant with the rule. 1. There ceiling has a water stain at the heat vent. 2. There was a missing and damaged drawer at the kitchen cabinet. 3. The stove hood surface light cover was missing.

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 02/01/2023 MHL034-296 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3816 HEATHER VIEW LANE HOME CARE SOLUTIONS AT HEATHER VIEW WINSTON SALEM, NC 27127 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 V 736 Continued From page 3 4. The wall GFCI outlets would not Take the necessary steps to correct these deficiencies. 10. At the time of the survey it was observed that there were burned light bulbs in the bathrooms and bedrooms. This is not compliant with the rule. Take the necessary steps to replace the burned light bulbs on a regular basis. 11. At the time of the survey it was observed that there was a damaged vinyl corner at the front entry. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 12. At the time of the survey it was observed that the right hand side bathroom window screen was torn. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 13. At the time of the survey it was observed that there was debris in the rear and left hand side vard. This is not compliant with the rule. Take the necessary rules to correct this deficiency.

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- V716 Sanatation and fire Documention Duain Jones will put all Documention in a file cabnet on site
- V736 Dwain Jones will maintain a safe clean grounds and tree of offensive odor with schuduled Cleanings.
 - i) Replace blinds (That was damaged)
 - 2) fix and replace exhaust for and Schuduled clean of fan weekly
 - 3) Replace all batteries in smoke detectors monthy (check and or replace)
 - 4) will fix or replace exhaust fan in main beth room
 - 5.) Will check and record status of fire extinguisher monthly.
 - 4) Clean and check behind dryer and casher weekly for debois and build up.
 - 7) Change and replace fir filter montly
 - 8.) Patch torn viny Flooring
 - q). repair leiling 3 missing drawers on cabnet in Kitchen replace cover on store hood.

Replace GFCI outlet in katchen.

- 10) replace all Bulbs in fixtures and lights.
- 11) Replace damaged floor vinylin Front eatry
- 12) Replace Booten in window right hand side window.
- 13) Clean all debris in yard.

The items above will be completed no later than 3/25/2023.

Is responsible for the corrections of monthly monitoring and maintenance