PRINTED: 03/06/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/22/2023	
		MHL074-195				
IAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE			
BETTER	CONNECTIONS MID		DLAND COURT /ILLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	An annual Survey was completed on February 22, 2023. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living Alternative Family Living in a Private Residence.					
		sed for 2 and currently has a survey sample consisted of client.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive	,			
	was not maintained and orderly manned	ion and interview, the facility I in a safe, clean, attractive				
	11:00am during tou -Brown splatter on the kitchen. -The blind to the ba	ir of the facility revealed: the wall above the trash can ir ack door had 6 broken slats. ing room had a blind with 2				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		MHL074-195	B. WING		02/2	22/2023
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ETTER	CONNECTIONS MID		DLAND COURT /ILLE, NC 2783			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF			
ŘÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 736	Continued From page 1		V 736			
	Interview on 2/22/23 the Alternative Family Living Staff stated he understood the facility had to be maintained in a safe, clean, attractive and orderly manner.					
	Interview on 2/22/23 the Qualified Professional (QP) stated: The issues would be addressed.					

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