| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-239 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|-------------------------|--|-----------------------------------|-------------------------|
| | | MHI 074-239 | B. WING | | 02/28/2023 | |
| NAME OF F | PROVIDER OR SUPPLIER | | DRESS, CITY, SI | TATE. ZIP CODE | 02/ | 20/2025 |
| MEADOV | VBROOK | 1111 MEA | DOWBROOK LLE, NC 278 | DRIVE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 000 | INITIAL COMMENTS | | V 000 | | | |
| | An annual survey was completed on February 28, 2023. Deficiencies were cited. | | | | | |
| | categories: 10A NC Living for Adults with and 10A NCAC 270 | sed for the following services AC 27G .5600C Supervised h Developmental Disabilities G .5100 Community Respite uals of all Disability Groups | | | | |
| | census of 2. The s | sed for 4 and currently has a urvey sample consisted of clients. No respite clients had last 5 months. | | | | |
| V 114 | 27G .0207 Emerge | ncy Plans and Supplies | V 114 | | | |
| | AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th | 207 EMERGENCY PLANS in for each facility and plan shall be developed and by the appropriate local we made available to all staff cedures and routes shall be cur drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies | | | | |
| | | et as evidenced by: view and interviews the facility and disaster drills were held | | | | |

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| AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---|--|--------------------------------|-------------------------|
| | | MHL074-239 | B. WING | | | 02/28/2023 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| MEADO | WBROOK | | ADOWBROOK ILLE, NC 278: | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC' | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| V 114 | Continued From pa | ge 1 | V 114 | | | |
| | at least quarterly, repeated on each shift and conducted under conditions that simulate fire emergencies. The findings are: | | | | | |
| | Review on 2/27/23 of facility records for 2022 revealed: Fire | | | | | |
| | -No 1st shift drills or weekend 8am - 8pm drills were conducted for the January 2022 -March 2022 quarter. -No 1st shift drills or weekend 8am - 8pm drills | | | | | |
| | quarter. -No 1st shift drills o were conducted for | the April 2022 - June 2022 r weekend 8am - 8pm drills the July 2022 - September | | | | |
| | 8pm - 8am drills we 2022 - December 2 -No weekend drills | r weekend 8am - 8pm and ere conducted for the October 2022 quarter. were completed between or the 8pm - 8am shift. | | | | |
| | | r 2nd shift drills were anuary 2022 -March 2022 | | | | |
| | -No 1st shift drills w shift drills between 2022 - June 2022 q | vere conducted and no 3rd 12am - 7:50am for the April juarter; or weekend 8am - 8pm and | | | | |
| | 8pm -8am drills we 2022 - September 2 -No 1st, 2nd or 3rd | ere conducted for the July | | | | |
| | Interview on 2/27/2 | 3 client #1 responded with a d if she participated in fire and | | | | |
| | Interview on 2/27/2 | 3 client #2 stated she | | | | |

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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|--|--|-------------------------------|--|----------------------------------|-------------------------|--|
| | | MHL074-239 | 239 B. WING | | 02/ | 02/28/2023 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| MEADO | WBROOK | | DOWBROOK | | | | |
| (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 T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| V 114 | Continued From pa | ge 2 | V 114 | | | | |
| | participated in fire and disaster drills and they went outside for fire drills. | | | | | | |
| | drills. | 3 staff #1 stated: ticipated in fire and disaster for fire drills was across the | | | | | |
| | | 3 Residential Director stated: r drills had been provided for ew. | | | | | |
| | stated: -The facility had sh 4pm-12am and 12a -The facility had sh 8pm-8am on weeke -She understood fir held at least quarte | 3 the Qualified Professional ifts that were 8am- 4-pm, am - 8am Monday -Friday. ifts that were 8am-8pm and ends. e and disaster drills were to be rly, repeated on each shift and r conditions that simulate fire | | | | | |
| V 736 | 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf | ty and Grounds Maintenance 603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive | V 736 | | | | |
| | This Rule is not me Based on observati | et as evidenced by: on and interview, the facility | | | | | |

| 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 | |
|--|--|---|---|---|---|
| OF CORRECTION | IDENTIFICATION NOMBER. | A. BUILDING: | | COMPLETED | |
| | MHL074-239 | B. WING | | 02// | 28/2023 |
| PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| VBROOK | | | | | |
| (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| Continued From pa | ge 3 | V 736 | | , | |
| was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 2/27/23 at approximately 8:30am during a tour of the facility revealed: The baseboard behind the living room sofa was covered in heavy dark dust. The bathroom by client #1's bedroom had dark, cracked caulking around the top of the tub, paint chipping on the wall, caulking around the outside bottom of the tub was was dark and cracking. The 3 light light fixture had 1 missing bulb. | | | | | |
| | | | | | |
| stated: -"They had just mo living room, he wou | ved all the furniture in the Id take a look at the | | | | |
| | | | | | |
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| | OF CORRECTION PROVIDER OR SUPPLIER VBROOK SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa was not maintained and orderly mannel Observation on 2/2 during a tour of the -The baseboard be covered in heavy da -The bathroom by of cracked caulking at chipping on the wall bottom of the tub w The 3 light light fixtu Interview on 2/27/2 stated: -"They had just mor living room, he would | OF CORRECTION IDENTIFICATION NUMBER: MHL074-239 MHL074-239 PROVIDER OR SUPPLIER STREET A VBROOK 1111 ME GREENV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SOMMARY STATEMENT OF DEFICIENCIES Continued From page 3 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 2/27/23 at approximately 8:30am during a tour of the facility revealed: -The baseboard behind the living room sofa was covered in heavy dark dust. -The bathroom by client #1's bedroom had dark, cracked caulking around the top of the tub, paint chipping on the wall, caulking around the outside bottom of the tub was was dark and cracking. The 3 light light fixture had 1 missing bulb. Interview on 2/27/23 the Residential Director | OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL074-239 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST VBROOK 1111 MEADOWBROOK GREENVILLE, NC 278 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 V 736 was not maintained in a safe, clean, attractive and orderly manner. The findings are: V 736 Observation on 2/27/23 at approximately 8:30am during a tour of the facility revealed: -The baseboard behind the living room sofa was covered in heavy dark dust. -The bathroom by client #1's bedroom had dark, cracked caulking around the top of the tub, paint chipping on the wall, caulking around the outside bottom of the tub was was dark and cracking. The 3 light light fixture had 1 missing bulb. Interview on 2/27/23 the Residential Director stated: -"They had just moved all the furniture in the living room, he would take a look at the | OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL074-239 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE VBROOK 1111 MEADOWBROOK DRIVE GREENVILLE, NC 27834 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC Continued From page 3 V 736 was not maintained in a safe, clean, attractive and orderly manner. The findings are: V 736 Observation on 2/27/23 at approximately 8:30am during a tour of the facility revealed: -The baseboard behind the living room sofa was covered in heavy dark dust. -The bathroom by client #1's bedroom had dark, cracked caulking around the top of the tub, paint chipping on the wall, caulking around the outside bottom of the tub was was dark and cracking. The 3 light light fixture had 1 missing bulb. Interview on 2/27/23 the Residential Director stated: -"They had just moved all the furniture in the living room, he would take a look at the | OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM MHL074-239 B. WING 02/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 02/ VBROOK 1111 MEADOWBROOK DRIVE GREENVILLE, NC 27834 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 3 V 736 V 736 Was not maintained in a safe, clean, attractive and orderly manner. The findings are: V 736 Observation on 2/27/23 at approximately 8:30am during a tour of the facility revealed: -The baseboard behind the living room sofa was covered in heavy dark dust. V 736 -The baseboard behind the living around the outside bottom of the tub was was dark and cracking. The 3 light light fixture had 1 missing bulb. Interview on 2/27/23 the Residential Director stated: -"They had just moved all the furniture in the living room, he would take a look at the Interview on 2/27/23 the Residential Director |

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