Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-579	B. WING		R 03/09/2023	
5212 SWEETBRIAR DRI				STATE, ZIP CODE MANUEL HOME III PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE DE	BE COMPLETE	
V 000	INITIAL COMMENTS An annual and follow up survey was completed on 3/9/23. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.		V 000			
				MAR 2 8 2023 DHSR-MH Licensure Sect		
	10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it	EMENTS s grounds shall be maintained in and orderly manner and shall	V 736	V736 Response The owner has contacted several contracto the flooring in front of the sink. The issue we fixed by the middle of April 2023. The QP continue to conduct weekly monitoring's to the home is in compliance per DHHS guide. Owner will have walls patched/repaired in member's room. The QP will continue to coweekly monitoring to assure the home is in compliance per DHHS. QP will notify own weekly of any property destruction to assure are made in a timely manner.	vill be will passure elines. onduct	
	to ensure the home was attractive manner. The Observation on 3/1/23 floor was cracked and c-Client #1's bedroom his inches wide. Down stairs seating ar	and interview the facility failed is maintained in a safe, clean and if findings are: at 2:30 PM revealed: -Kitchen uneven in front of the sink. and two holes in the wall about eas had clothes piled on the niture stored in the area.		QP will meet with staff twice a week, (Tues Friday), to assure house is cleaned properly, create a cleaning log for staff to review and The cleaning log will consist of cleaning and laundry duties for each shift to assure task a completed. QP will consult with owner week review cleaning log and weekly group home throughs. Extra furniture has been removed from the carea downstairs and arranged for the member have an extra seating area and room to enjoy home. QP will continue weekly visits to assure common areas remain clean, neat and in conwith DHHS policy.	QP will sign. d re being kly and e walk-common ers to the re all	

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TITLE

(X6) DATE

3-23-2023

9 8XYM11

If continuation sheet 1 of 2

PRINTED: 03/09/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				R			
LULIUS - CONTROL OF		MHL092-579	B. WING		03/0	9/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
5212 SWEETBRIAR DRIVE							
THE EMMANUEL HOME III							
RALEIGH, NC 27609							
(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 736	Continued From page 1	V 736		
	mildew in the shower, hair and dirt all over the floorEntire down stairs floor and stair case had dirt in multiple areas.			
	Interview on 3/1/23 The Licensee stated: -Had a contractor out a few months ago to look at the kitchen floor, but he did not call backHad reached out to other contractors and they will not take the job because its too smallClient #1 had behaviors when he was upset and would punch holes in the wallsStaff should be checking the floors and bathrooms daily to cleanThe down stairs seating area had furniture they are going to get rid of and make a new area for clients to hang out.			

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