Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED		
			A. BOILDING.					
		MHL096-099	B. WING		03/1	6/2023		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
NORTHV	NORTHWOOD GROUP HOME 2708 NORTHWOOD DRIVE GOLDSBORO, NC 27534							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENT	rs	V 000					
	on March 16, 2023. unsubstantiated (in Deficiencies were c							
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.						
		sed for 4 and currently has a urvey sample consisted of clients.						
V 120	27G .0209 (E) Med	ication Requirements	V 120					
	well-lighted, ventilat and 86 degrees Fal (B) in a refrigerator degrees and 46 de	age: hall be stored: cked cabinet in a clean, ted room between 59 degrees hrenheit; , if required, between 36 grees Fahrenheit. If the for food items, medications eparate, locked compartment ach client; xternal and internal use; hner if approved by a physician hedicate. t maintains stocks of les shall be currently le North Carolina Controlled S. 90, Article 5, including any						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		COMPL			
		MHL096-099	B. WING		03/1	6/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
NORTHV	NORTHWOOD GROUP HOME 2708 NORTHWOOD DRIVE							
GOLDSBORO, NC 27534								
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	N SHOULD BE COMPLÉTE E APPROPRIATE DATE			
V 120	Continued From page 1		V 120					
	This Rule is not me Based on observation thereign the facilit were securely locked. Observation on 3/1 11:53am revealed: -An unlocked gray of for medications for all cunlocked closet. During interview on The lock on the metalock on the metalocked. During interview on Manager stated: -She did not think the cabinet was broken she understood measurely locked. 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUITED.	et as evidenced by: ions, record review and ty failed ensure medications ed. The findings are: 5/23 at approximately metal cabinet that was used age and contained clients that was also inside an 3/15/23 staff #1 stated: ed cabinet was broken. edication closet door worked. edication closet is not usually 3/15/23 the Group Home the lock on the medication a. edications were required to be ty and Grounds Maintenance 803 LOCATION AND IREMENTS d its grounds shall be	V 736					
		e, clean, attractive and orderly e kept free from offensive						

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Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	STRUCTION (X3) DATE SU COMPLE		
		MHL096-099	B. WING		03/1	6/2023	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
NORTHWOOD GROUP HOME 2708 NORTHWOOD DRIVE GOLDSBORO, NC 27534							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 2	V 736				
		on and interview the facility e home in a safe, clean and					
	Observation on 3/15/23 at approximately 11:53am revealed: -A microwave had several rusted areas insideOne dining room chair was wobbly and unsteadyJennifer's dresser drawers were missing 3 knobsThe hall bath had black and brown stains in between the tile at the bottom of the shower; the five bulb light fixture above the sink had 3 bulbs that were not workingShirley's cable box converter was hanging by its cord from the tv.						
	missing 2 knobsAmanda's had a ho	rawer on her nightstand was old the wall behind her door frame was cracked on					
	stated the facility we soon and she under	If the Group Home Manager buld have a new microwave restood the the facility was a safe, clean and attractive					

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