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					
ANDILAN	or contraction	IDENTIFICATION NOWIDER.	A. BUILDING: _								
		MHL018026	B. WING			R <b>24/2023</b>					
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
CATAWBA	COUNTY GROUP HOM	E #4	TH AVENUE S.V R, NC 28613	V.							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE					
V 000	INITIAL COMMENTS		V 000								
	on March 24, 2023. And This facility is license category: 10A NCAC Living for Adults with This facility is license	up survey was completed A deficiency was cited.  d for the following service 27G .5600C Supervised Developmental Disabilities.  d for 6 and currently has a vey sample consisted of ents.									
∨ 736	10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it maintained in a safe,	EMENTS	V 736								
	was not maintained in and orderly manner.  Observation of the far approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the should be approximately 9:10 a -Bathroom #1 had bla top portion of the sh	n and interviews, the facility n a safe, clean, attractive The findings are: cility on 3/22/23 at									

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
					R				
		MHL018026	B. WING		03/24/2023				
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE					
CATAWBA COUNTY GROUP HOME #4 722 EIGHTH AVENUE S.W. CONOVER, NC 28613									
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE				
V 736	the landlord.  Interview on 3/22/23 v -Staff noticed discolor -Staff "tried to scrub it -The Group Home Mathe stain.  Interview on 3/23/23 v Manager revealed: -She noticed a black s shower wall in bathroot the stained areaShe informed mainte Manager/Qualified Prostain.  Interview on 3/24/23 v Manager/QP revealed: - "When staff notified bathroom, I visited the area and see it for my maintenance and they sprayed it with bleach	with Staff #2 revealed: ration in bathroom #1. roff, it didn't work" ranager was made aware of with the Group Home substance at the top of the rom #1 and took photos of nance and the Residential rofessional (QP) about the with the Group Home d: me of the stain in the re house to lay eyes on the reself. I then notified y cleaned the area and rof maintenance is supposed rek to take care of the stain of paint that is more	V 736						

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