AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING DDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED R	
		mhl025-020			03/	03/23/2023
NAME OF F	PROVIDER OR SUPPLIER		TH STREET	TATE, ZIP CODE		
SPENCE	R'S PLACE		RN, NC 28560)		
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on March 23, 2023. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.					
		sed for 6 and currently has a survey sample consisted of clients.				
V 736	27G .0303(c) Facil	ity 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	,			
	Based on observat	et as evidenced by: ion and interview the facility ne home in a safe clean and The findings are:				
	am of the facility re -An approximately client #2's bedroom -The wall behind cl brown dripping stai -The hall bath with black and brown st	1 inch hole in the wall behind n door ient #3's desk had reddish				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				CONSTRUCTION	(X3) DATE SURVEY					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: mhl025-020		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED					
		B. WING			R 03/23/2023					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
SPENCE	R'S PLACE		H STREET N, NC 28560)						
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF		()					
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE				
V 736	Continued From page 1		V 736							
	the faucet had brow was a rust mark on the door. -Client #6 had an a the wall behind his -Client #5 had a nig handle on 2 drawer Interview on 03/23/ (QP) revealed: -They would look in bathroom's. -She understood th maintain the home manner.	htstand that was missing the s/ 23 the Qualified Professional to the the stains in the e facility was required to in a safe, clean and attractive stitutes a re-cited deficiency								

790F11