

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1025-020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>03/23/2023</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>SPENCER'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 NINTH STREET NEW BERN, NC 28560</b>
--	---

(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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 23, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the home in a safe clean and attractive manner. The findings are:</p> <p>Observation on 3/22/23 at approximately 10:50 am of the facility revealed: -An approximately 1 inch hole in the wall behind client #2's bedroom door -The wall behind client #3's desk had reddish brown dripping stains on it. -The hall bath with the walk in shower had dark black and brown stains in between the tiles. -The hall bath had caulk around the base of the</p>	V 736	<p style="text-align: center;"><b>RECEIVED</b> <b>APR 25 2023</b> <b>DHSR-MH Licensure Sect</b></p> <p>Work order was complete on 4/19/2023 to fix hole in client bedroom #2 Complete on 4/20/23</p> <p>Work order was submitted on 4/19/2023 for client #3 desk had reddish brown dripping stain.</p> <p>Work order submitted on 4/19/2023. With the walk-in shower dark and black and brown stains in between the tiles the hall had caulk around the base of the tub and bathroom stain.</p>	

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

TITLE

(X6) DATE

*Cecilia Boggan Date: 4/21/2023*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1025-020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>03/23/2023</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>SPENCER'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 NINTH STREET NEW BERN, NC 28560</b>
--	---

(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	<p>Continued From page 1</p> <p>tub on the floor that had brown stains. The tile by the faucet had brown residue between it; There was a rust mark on the floor and the wall behind the door.</p> <p>-Client #6 had an approximately 1-inch hole in the wall behind his bedroom door.</p> <p>-Client #5 had a nightstand that was missing the handle on 2 drawers/</p> <p>Interview on 03/23/23 the Qualified Professional (QP) revealed:</p> <p>-They would look into the stains in the bathroom's.</p> <p>-She understood the facility was required to maintain the home in a safe, clean and attractive manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p>A work order was submitted on 2/22/2023 for mold. Maintenance came out 2/24/2023 to fix the problem. Mold return and another work order was submitted on 4/19/2023. All work will be completed by 5/5/2023.</p>	

*Caulyn B... Date 4/21/2023*