PRINTED: 05/17/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NOWBER.	A. BUILDING:		COMPLETED	
MHL011-356		B. WING		05/12/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WARDLAN	V HOME		ARY DRIVE E, NC 28806			
0/0.15	SHIMMADV ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	NI.	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and compl on May 12, 2023. The substantiated (Intake deficiency was cited.					
	,	d for the following service 27G .5600F Supervised Family Living.				
		d for 3 and currently has a rey sample consisted of ents.				
V 738	27G .0303(d) Pest Co	ontrol	V 738			
	10A NCAC 27G .0303 EXTERIOR REQUIRI (d) Buildings shall be rodents.					
		as evidenced by: ews and interviews, the n free from insects. The				
	revealed:	f local pest control invoice on 4-11-23; no bed bugs				
	revealed: -Informed the License having discovered the	with the AFL Provider ee the following day after e bed bugs. vare/home improvement				

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 IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILDING:		COMPL	150	
MHL011-356		B. WING		05/12/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
WARDLA	W HOME		RARY DRIVE				
	- I	ASHEVILI	_E, NC 28806				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETE DATE	
V 738	Continued From page	e 1	V 738				
	store] and bought (bug) bombs and sprays" -"didn't know we needed to have this professional piece (the exterminator). I told them (the Licensee) about getting the (bug) bombs and sprays"  Interview on 3-21-23 with the Qualified Professional (QP) #1 revealed: -Was not aware of the issue with the bed bugs within the home.						
	-Had been alerted by of last week (3-17-23)	with the QP #2 revealed: the AFL Provider on Friday ). ninator had not been called					
	revealed: -The AFL provider had (3-17-23) that one of bugs into the homeThe AFL provider had roomWas unaware that a needed to be called. Ineeded to happen." -"Have never dealt will approvider was exterminator to come	with the Regional Director d alerted QP #2 on Friday the clients had brought bed d been cleaning that clients' professional exterminator 'I did not realize that part th this before." as trying to get a professional out. "If they see just one, r) will have to follow their					
	revealed: -A professional exterr went to the home toda -Bed bugs were not for rooms, but 2 bugs we	with the Regional Director minator had been called and ay. bund in either of the client's ere found in the living room. be treated by a professional					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMP	DATE SURVEY COMPLETED			
MHL011-356			B. WING			05/12/2023			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
WARDLAW HOME  23 TIPPERARY DRIVE  ASHEVILLE, NC 28806									
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE			
V 738	extermination comparture -They planned to trea		V 738						

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STATE FORM 6899 MQ9T11 If continuation sheet 3 of 3