STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL079-110			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		05/24/2023		
iame of Pi	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
BRENTWO	DOD MANOR		ILLE, NC 27320			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on May 24, 2023. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	census of five. The s	d for six and currently has a urvey sample consisted of clients and 1 former client.				
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736			
		EMENTS				
	interviews, the facility	ns, record review and y and its grounds were not clean, orderly, and attractive				
	9:00am to 9:21am re -The front door was r pieces of paint that w -The doorbell was cr -Several eaves on th and debris in them	netal and had numerous vere worn away				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-110			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		05	5/24/2023	
IAME OF PF	ROVIDER OR SUPPLIER			, ZIP CODE		
BRENTWO	DOD MANOR		NTWOOD DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From page 1		V 736			
	spout that was on the ground					
	-A wooden chair in the backyard, against the wall,					
		that exposed the foam				
	underneath					
	-The back metal screen door was scraped					
	-A single blue rubber glove was on the ground					
	-Fallen small branches were in both the front and					
	back yard					
	Further observations on 5/24/23 at 1:05pmof the					
	inside of the facility revealed:					
	-Client #2's bedroom, directly to the left-hand					
	side, had a poster covering a 3 foot by 3-foot					
	patched wall,					
	-The walls were yellow					
	-The patched areas were white					
	-The wall adjacent to this one had a second 3 foot by 3-foot patched hole,					
		bed had a 2 foot by 2-foot				
	patched hole					
	Review on 5/24/23 of	f the facility's Repair Request				
	Forms revealed:					
	-The form was dated	1/19/23				
		e give a detailed description:				
	hole in bedroom #1 a					
	-	nance man] fixed holes in				
	unit #1. Has to come	back and paint."				
	Further review on 5/2	24/23 of the facility's Repair				
	Request Form reveal					
	-The form was dated					
		e give a detailed description:				
		same place: unit #1 (client				
	#4's room) and unit #					
	-	nance man] fixed hole				
	(2/25/23). Has to con	ne back out to paint."				
	Interviews on 5/24/23	3 with client #2 and #4				
	revealed:					

STATE FORM

KIGQ11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL079-110			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		05/24/2023		
IAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	, ZIP CODE		
BRENTWO	OOD MANOR		ILLE, NC 27320			
	SUMMARY ST			PROVIDER'S PLAN O		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page 2		V 736			
	-Were non-verbal and unable to answer questions regarding the facility and its grounds					
	Interview on 5/24/23 with the House Manager revealed:					
	-Approximately 2 weeks ago, the facility's roof was replaced					
	-Water had damaged some of the areas in the ceiling					
	-The front door needed to be repaired -"We had a resident that used to live here. He					
	was strong and had aggressive behaviors. He tore off our screen door. He hit on the walls a lot.					
	Over the years, the door has never been changed. This was probably 7 or 8 years ago."					
	-Had not noticed the crack in the doorbell					
	-"The clients like to peel the plastic on the chairs.					
	I told staff to set it outside. We have not put it at					
	the curb yet. The neighbors will complain if stuff					
	sits outside at the curb for too long. Since we live					
	in the county and not the city, there are certain days they will remove items. I will call them to let					
	them know to pick up					
		webs in the trees, but not				
		f the trees and build webs.				
	•	ebs away daily. We have a				
		/e have also had [a national come out and spray both the e of the facility."				
	-Was not aware of th	e drain spout in the yard ve blown the drain spout off				
	or someone might ha -Stated the appearan	ave kicked it." nce of the back door had				
	gotten "that way (scu					
	and repainted over th	ne years. We will repair them,				
		em again, causing holesI e maintenance man to come				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-110			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		05/24/2023		
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			5/24/2025
	OD MANOR	185 BRI	ENTWOOD DRIVE			
SKENTWC		REIDSV	ILLE, NC 27320			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 736	Continued From page	e 3	V 736			
	on the facility as she door. -"I am sure they (the look at replacing the in. -Had not seen the dra -"I have never been i am going to do a wal outside (to see if repa -"The chair (outside o go to the dumpster. I and send them to [the	d: ong the front door had been came in through the side owners of the home) would door. I will put a work order ain spout in the backyard n the backyard. I have said I k through and walk around airs needed to be made)." on the back patio) needs to am going to take pictures e Executive D/L)]. She will complete a				
ision of Hea ATE FORM	Ith Service Regulation		6899	GQ11		tinuation sheet 4