## PRINTED: 05/26/2023 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			B. WING				
	AME OF PROVIDER OR SUPPLIER STREET A		ADDRESS, CITY, STATE		05	05/23/2023	
VOODLAI	ND PLACE		ILLE, NC 27320				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
∨ 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on May 23, 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.						
	This facility is licensed for five licensed beds and currently has a census of five. The survey sample consisted of audits of three current clients.						
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.						
	failed to maintain the	as evidenced by: n and interview, the facility facility in a safe, clean, e manner. The findings are:					
	pm to 2:01 pm revea -The 3rd resident bat ceramic tub and show -The front rim of the 1 about the size of 2 qu flaked off upon touch	hroom consisted of a wer combination pathtub had a chipped area uarters and the ceramic of the tub to about 1 inch in					

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         MHL079-112		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/23/2023	
		MHL079-112				
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
NOODLA	ND PLACE		DODLAND DRIVE ILLE, NC 27320			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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 COMPLE D THE APPROPRIATE DATE	
V 736	Continued From page 1		V 736			
	-A brownish color bathmat covered the middle section of the tub's bottom.					
	Manager revealed: -Clients #2 and #5 us showering but other r use the tub as neede -"Something needed fixed." -She did not know if a	with the Weekend Relief sually used this tub for residents were allowed to d to be done to get the tub a work order had been nance for the tub to be				
	pm-3:15 pm revealed -One air filter in hallw living room were hear -The 3rd resident bat ceramic tub had a co inches in length in the shower head and bac outside front bottom of brownish-colored det to be peeling.	ay and one air filter in the vily covered in dust hroom with the chipped rner tile broken about 2 e tub surround between the ck wall. The caulking at the of this tub and tiled floor had oris and the caulk appeared				
	resident bathroom #1 feet by 5 feet in size. -A second hallway ca near bathroom #2 tha by 4-5 feet in size.	stain in the hallway outside that was approximately 2 ½ rpet stain was observed at was approximately 4-5 feet ay ceiling near bathroom #1 ng in multiple places.				
	(HM) revealed: -She believed a work Director/Licensee to I repaired and re-caulk					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL079-112	B. WING		05	5/23/2023
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE		
VOODLA	ND PLACE		DODLAND DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE	
V 736	Continued From page 2		V 736			
	hallway and living roo -There were clients th -The hallway carpet s resulted from a water weeks ago -The hallway carpet s resulted "some time a roof. The roof had be -She would have mai shower tile and the p ceiling for repair. Interview with the Qu revealed: -The tub in bathroom -"I would not use it." -A work order for the to the (owners of the about 3 months ago a would be placed in to	here who had allergies stain outside bathroom #1 r leak to the toilet about 2 stain outside bathroom #2 ago" from a water leak to the een repaired intenance look at the broken eeling hallway overhead halified Professional (QP) #3 needed to be repaired repair of the tub was put in home) by the Licensee and another repair order oday other items needed for				

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