

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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>INITIAL COMMENTS</p> <p>An annual survey was completed on June 16, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children.</p> <p>This facility is licensed for 10 and has a census of 6. The survey sample consisted of audits of 6 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p>	V 114		

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 114	<p>Continued From page 1</p> <p>During interview on 6/07/23 the stated:</p> <ul style="list-style-type: none"> - The facility operated with three weekday (Monday - Friday) shifts: <ul style="list-style-type: none"> - 1st 7:30 am - 4:00 pm - 2nd 3:30 pm - 12:00 am - 3rd 11:30 - 8:00 am - The facility operated 12 hour shifts on Saturday and Sunday: <ul style="list-style-type: none"> - 1st 8:00 am - 8:00 pm - 2nd 8:00 pm - 8:00 am. <p>Review on 6/07/23 of the facility's fire and disaster drill documentation for April 2022 - March 2023 revealed:</p> <ul style="list-style-type: none"> - No documented disaster drills for 1st weekday shift July - September 2023 or for 2nd weekday shift January - March 2023. - No documented fire drills for any weekend shift April 2022 - March 2023. - No documented disaster drills for the weekend shifts as follows: <ul style="list-style-type: none"> - 1st or 2nd April - June 2022 - 2nd July - September 2022 - 1st or 2nd October - December 2022 - 1st January - March 2023. <p>During interview on 6/14/23 the Program Director stated she understood the requirement for fire and disaster drills to be held quarterly and across all shifts.</p>	V 114		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 364	<p>Continued From page 2</p> <p>24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 364	<p>Continued From page 3</p> <p>committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part.</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 364	<p>Continued From page 4</p> <p>The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 364	Continued From page 5 training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client,	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 364	<p>Continued From page 6</p> <p>be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure clients' right to receive visitors daily between the hours of 8:00 am and 9:00 pm, for a period of at least 6 hours, two hours of which were after 6:00 pm, for 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The findings are:</p> <p>Reviews on 6/07/23 and 6/08/23 of the facility's "Visitation Rules" policy revealed: - "1. There is a 30 day waiting period before a client may have visitors." - "2. Visitation day is Sunday and the hours are 1:00pm to 5:00pm." - "NOTE: If visitations rules are broken, the resident will return to the 30 days no visitation."</p> <p>Reviews on 6/07/23 and 6/08/23 of the facility's "Pass Schedule" policy revealed: - "First Seven Days . . . No Visitors except for biological children." - "After Thirty Days . . . Visitors are allowed . . . "</p> <p>Reviews on 6/07/23 and 6/08/23 of the facility's "Supervised Living Rules" policy revealed ". . . 24.</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 364	<p>Continued From page 7</p> <p>Each new consumer must complete a 7-day orientation period. During this time, client is not allowed to . . . have visitors."</p> <p>Reviews on 6/07/23 and 6/08/23 of the facility's "Our House Rules and Consequences" policy revealed ". . . 17. There will be no visitors for the first initial 30 days except for biological children."</p> <p>Review on 6/08/23 of client records revealed:</p> <ul style="list-style-type: none"> - Each client signed facility policies (including Visitation Rules, Pass Schedule, Supervised Living Rules, and Our House Rules and Consequences) as follows: - Client #1 4/3/23 - Client #2 10/24/22 - Client #3 5/04/23 - Client #4 4/14/23 - Client #5 11/14/22 - Client #6 5/10/23 - No documentation by the Qualified Professional (QP) of the detailed reason for the restriction of the clients' right to receive visitors daily. - No documented QP review of the restriction of the clients' right to receive visitors daily at least every 7 days; and no written statement by the QP of the reason for the continuation of the restriction. <p>During interview on 6/08/23 client #1 stated:</p> <ul style="list-style-type: none"> - The facility rules were explained to her at admission. - No one could have visits for the first 30 days of treatment. - Visits could only be done on weekends. <p>During interview on 6/08/23 client #4 stated:</p> <ul style="list-style-type: none"> - Facility rules were explained to her. - No one could have visits for the first 30 days of treatment. 	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 364	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Visits could only be done on weekends. <p>During interview on 6/08/23 the Facility Manager stated:</p> <ul style="list-style-type: none"> - Visiting hours were extended to 2 days (Saturday and Sunday) during the pandemic. - Clients alternated visit days to limit the number of people at the facility. - There were no visitation hours during the week; weekday visits were permitted "only if they have visits with their children and that has to be approved by DSS (Department of Social Services)." <p>During interviews on 6/08/23 the Chief of Behavioral Health stated:</p> <ul style="list-style-type: none"> - The facility's visitation policy had been "in place for quite some time." - Visiting hours had changed; "we do allow people to drop things off so there can be short visits; we've changed things up quite a bit." <p>During interview on 6/14/23 the Program Director stated:</p> <ul style="list-style-type: none"> - Clients could have visits on Saturday and Sunday only. - Visits were "staggered" to limit the number of people at the facility. - Visiting days changed due to the pandemic. - Facility rules were reviewed with clients as often as needed; every rule was reviewed and explained to clients during the admission process and "even before admission" during the screening process. 	V 364		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 9</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 observations and interviews the facility was not maintained in a clean, attractive manner, and free from offensive odors. The findings are:</p> <p>Observations of the facility on 6/07/23 between 10:15 am and 11:05 am revealed:</p> <ul style="list-style-type: none"> - Suite B: the bathtub walls were stained; the bathroom exhaust fan was dusty; the ceiling fan had heavy dust visible on the edges of the blades; organic matter in the ceiling fan light globe. - Suite C: stains on the walls throughout the suite; the water control knob in the bathtub did not work properly. - Suite D: the bathroom walls were stained; the light fixture at the bathtub did not work when turned on; open packages of incontinence pads were stored on the bathroom floor; the bathroom exhaust fan was dusty. - Suite E: the walls in the entry area, the kitchen area, and the bathroom were stained; the window blinds had a visible layer of dust. - Suite F: the ceiling fan had heavy dust visible on the edges of the blades; the bathroom walls had stains around the sink and toilet; the bathroom exhaust fan was dusty; the water control knob in the bathtub did not work properly. - Suite G: the inside edge of the door had dark stains; the ceiling fan had heavy dust visible on 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OUR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 309-B E WARDELL ROAD PEMBROKE, NC 28372
--	---

(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 10</p> <p>the edges of the blades; there were dead insects in the bathtub.</p> <ul style="list-style-type: none"> - Suite H: the bathroom walls were stained; heavy white staining, consistent with toothpaste or soap scum on the bathroom sink and mirror; dirty diaper odor was noted in the bathroom. - Suite I: paint was worn and peeled from the wall at the head of the bed; the ceiling fan had heavy dust visible on the edges of the blades. - Suite J: the bathroom exhaust fan was dusty; the bathroom walls had stains; the light fixture over the kitchen area did not work when turned on. - The finish on the kitchen drawers beside the stoves and on the cabinet door near the pantry was peeling; the paint on the exit door by the dining table was worn and chipped away. <p>During interview on 6/07/23 the Facility Director stated she was aware of some of the issues cited; she was not aware of the bathtub water controls that did not work properly. She would have the maintenance staff address the issues.</p>	V 736		