

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/08/2023
--	---	--	--

NAME OF PROVIDER OR SUPPLIER KELLY'S CARE #8	STREET ADDRESS, CITY, STATE, ZIP CODE 1366 COOPER'S GAP ROAD RUTHERFORDTON, NC 28139
--	--

(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	INITIAL COMMENTS An annual and follow up survey was completed on June 8, 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 9 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000	Director of Program Development, [redacted] and maintenance supervisor, [redacted] will do monthly inspections of home to make sure all maintenance issues are found and reported in a timely manner. Their reports will be submitted to Director of Operations, Ken Dellinger, who will make sure all issues are corrected or repaired in a timely manner.	6-15-23
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a clean, attractive, and orderly manner. The findings are: Observation on 6/8/23 at approximately 12:20 PM of the facility revealed: -client bathroom #2 had a hole in the floor that was circular and went about three inches deep that staff reported was the drain and the cover had been kicked off. -the caulk around the tub basin was discolored and brown. -the light fixture in the ceiling was missing a	V 736	Drain cover replaced 6-9-23 Replaced caulk 6-9-23 RECEIVED JUN 23 2023	

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

[Handwritten Signature]
B501?

TITLE **DHSR-MH Licensure Sect**

Director of Operations 6-21-23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/08/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KELLY'S CARE #8	STREET ADDRESS, CITY, STATE, ZIP CODE 1366 COOPER'S GAP ROAD RUTHERFORDTON, NC 28139
--	--

(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>cover. -the freezer in kitchen had dead roaches present.</p> <p>Interview and observation on 6/8/23 with Staff #1 revealed: -did not keep food in the freezer located in the kitchen. -cleaned the freezer while surveyor was present in the facility.</p> <p>Interview on 6/8/23 with Director of Operations revealed: -"had pest control coming out monthly ...they were in the country;" -would get it addressed and have maintenance come out to fix the other items identified.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p>Light fixture cover replaced</p> <p>Contacted pest control company and advised them of issue.</p>	<p>6-9-23</p> <p>6-8-23</p>