

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/31/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINE MCNAIRY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>713 SERVET CIRCLE LENOIR, NC 28645</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 5/31/23. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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 staff failed to ensure the facility and its grounds were maintained in a safe, clean, orderly and attractive manner. The findings are:</p> <p>Observation on 5/30/23 of client roll-in shower revealed an approximate 2" hole in the floor beside the drain. The hole had an approximately 3" deep cavity underneath the floor. The small 2" by 2" tiles around the hole were cracked. The tile floor around the outside of the shower appeared to have grout between the tiles although across the center of the shower grout was missing as the</p>	V 736	<p><i>ARC approved repairs on shower 6/20/23 - Repairs made 6/23/23 - pictures taken of repair.</i></p>	

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:  <b>MHL014-092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/31/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAROLINE MCNAIRY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>713 SERVET CIRCLE LENOIR, NC 28645</b>
--	--

(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>mesh backing of the tiles was visible as if it had washed out.</p> <p>Interview on 5/30/23 with the House Manager revealed: -The hole had been in the shower for some time and continued to get bigger. -She thought the water that went into the hole was going into the drain. -There were 2 other bathrooms that clients could use until the floor was repaired.</p> <p>Interview on 5/31/23 with the Residential Coordinator revealed: -The corporate agency that owned the facility was slow in completing repairs but she would continue to push for the repair.</p>	V 736		



