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NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/31/2023	
	MHL014-092	B. WING				
PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
NE MCNAIRY GROUF	PHOME					
ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL G REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	N SHOULD BE COMPLE	
INITIAL COMMEN	TS	V 000				
		A				
category: 10A NCA	C 27G .5600C Supervised					
census of 6. The s	survey sample consisted of					
27G .0303(c) Facil	ity and Grounds Maintenan	ce V 736				
EXTERIOR REQU (c) Each facility and maintained in a sat	IREMENTS d its grounds shall be fe, clean, attractive and ord	erly				
			ARC approv repairs on a	red hower		
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:			6/20/23 - 19 6/23/23 - pi taken of re	ctures pair.	Ľ	
revealed an approx beside the drain. T 3" deep cavity unde by 2" tiles around t floor around the out	kimate 2" hole in the floor The hole had an approxima erneath the floor. The sma he hole were cracked. The itside of the shower appear	tely II 2" tile ed				
	OF CORRECTION PROVIDER OR SUPPLIER NE MCNAIRY GROUP SUMMARY ST, (EACH DEFICIENC REGULATORY OR I INITIAL COMMEN An annual survey w deficiency was cite This facility is licen category: 10A NCA Living for Adults wi This facility is licen census of 6. The s audits of 3 current 27G .0303(c) Facil 10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf manner and shall b odor. This Rule is not m Based on observation staff failed to ensure were maintained in attractive manner. Observation on 5/3 revealed an approxi- beside the drain. 3" deep cavity und- by 2" tiles around the out-	OF CORRECTION IDENTIFICATION NUMBER: MHL014-092 PROVIDER OR SUPPLIER STRE NE MCNAIRY GROUP HOME 713 S LENK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on 5/31/23. 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 6 and currently has census of 6. The survey sample consisted of audits of 3 current clients. 27G .0303(c) Facility and Grounds Maintenan 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and ord manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the fac staff failed to ensure the facility and its ground were maintained in a safe, clean, orderly and attractive manner. The findings are: Observation on 5/30/23 of client roll-in shower revealed an approximate 2" hole in the floor. The sma by 2" tiles around the hole were cracked. The floor around the outside of the shower appear	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING MHL014-092 B. WING	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL014-092 B. WING PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE VE MCNAIRY GROUP HOME T13 SERVET CIRCLE LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST EP RECEDENCIES) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST EP RECEDENCIES) (EACH DEFICIENCY MIST EP RECEDENCIES) (INITIAL COMMENTS V 000 An annual survey was completed on 5/31/23. A deficiency was cited. V 000 V 000 INITIAL COMMENTS V 000 V 000 DEFICIENCY (CROSS-REFEENCENCES) (I) A NCAC 27G .5600C Supervised LIVING for Adults with Developmental Disabilities. V 736 This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 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: Afficience from offensive odor, The findings are: Observation on 5/30/23 of client roll-in shower revealed an approxim	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COMP MHL014-092 B. WING 05/3 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE YE MCNAIRY GROUP HOME 713 SERVET CIRCLE LENOIR, NC 28645 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES Ip REQUARING ON LG DIENTIFYING WRORMATON) PRESS INITIAL COMMENTS V 000 An annual survey was completed on 5/31/23. A deficiency was cited. V 000 An annual survey was completed on 5/31/23. A deficiency was cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised V 736 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS V 736 (C) Each facility and Grounds Maintenance V 736 This facility is normat as evidenced by: Based on observations and interviews, the facility and is grounds were maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. AMAU approved Was a department the facility and its grounds were maintained in a safe, clean, orderly and attractive and orderly manner and shall be kept free from offensive odor. AMAU approved Was a department the following service bas department the filty and its grounds were maintained in a safe, clean, orderly and attractive manner. The findings are: O	

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	MHL014-092	B. WING		05/31/2023	
PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE. ZIP CODE		
NE MCNAIRY GROUP	2 HOME 713 SE	RVET CIRCLE			
4) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BECOMPLETHE APPROPRIATEDATE	
Continued From pa	age 1	V 736			
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revealed: -The hole had beer	n in the shower for some time	9			
-She thought the w was going into the -There were 2 othe	rater that went into the hole drain. er bathrooms that clients coul	d			
Interview on 5/31/2 Coordinator reveal	3 with the Residential ed:	as			
slow in completing	repairs but she would continu				
	PROVIDER OR SUPPLIER IE MCNAIRY GROUF SUMMARY ST/ (EACH DEFICIENC REGULATORY OR I Continued From pa mesh backing of th washed out. Interview on 5/30/2 revealed: -The hole had been and continued to g -She thought the w was going into the -There were 2 other use until the floor v Interview on 5/31/2 Coordinator reveal -The corporate age slow in completing	OF CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: MHL014-092 PROVIDER OR SUPPLIER STREET IE MCNAIRY GROUP HOME 713 SE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES Continued From page 1 mesh backing of the tiles was visible as if it had washed out. 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 coul use until the floor was repaired. Interview on 5/31/23 with the Residential Coordinator revealed: -The corporate agency that owned the facility was	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL014-092 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' IE MCNAIRY GROUP HOME 713 SERVET CIRCLE LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 V 736 Mesh backing of the tiles was visible as if it had washed out. V 736 Interview on 5/30/23 with the House Manager revealed: V 736 -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. 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	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL014-092 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TABLE MCNAIRY GROUP HOME 713 SERVET CIRCLE LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCY OCONTINUED From page 1 V 736 V 736 Continued From page 1 V 736 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. 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	

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