

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/06/2023
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NAME OF PROVIDER OR SUPPLIER ABHS 4124 NORTHFORK	STREET ADDRESS, CITY, STATE, ZIP CODE 4124 NORTHFORK DRIVE LA GRANGE, NC 28551
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(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 and follow up survey was completed on July 6, 2023. 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>The facility is licensed for 5 clients and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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 observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 07/06/23 at approximately 10:35am revealed:</p> <ul style="list-style-type: none"> - A the top left kitchen cabinet door was loosely attached. The kitchen had debris and particles scattered around the floor boards. The surface of the range hood vent was blemished. - The transition area between the kitchen and the dining room had a concrete surface with a different color paint. - The bar area next to the dining room had bits of debris along the floor. - The empty bedroom had a dusty window sill and one of three lights worked on the ceiling fan. - Client # 3's bedroom had a dusty window sill. 	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Client #1 and client #2's bedroom had one window which would not open and a bedside table was in front of the functioning second window. Client #1's recliner had a broken foot rest. The furniture was dusty. - The bathroom next to client #1 and client #2;'s bedroom had one of six lights that worked. <p>Interview on 7/6/23 the Qualified Professional stated she understood the facility was to be maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		