PRINTED: 07/17/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		(X3) DATE SURVEY COMPLETED					
			A. BOILDING		R					
		MHL043-014	B. WING		07/07/2023					
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE						
RAWLS ROAD GROUP HOME										
0/0/15	STIMMADV ST	ANGIER,	NC 27501	PROVIDER'S PLAN OF CORRECTION	d over					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
V 000	INITIAL COMMENTS		V 000							
	An annual and follow on July 7, 2023. Defice	up survey was completed ciencies were cited.								
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.								
		d for 5 and currently has a vey sample consisted of ents.								
V 114	27G .0207 Emergenc	y Plans and Supplies	V 114							
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.									
	failed to ensure fire an	ew and interview the facility and disaster drills were or each shift. The findings								

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
OF CORRECTION		A. BUILDING: _								
	MHL043-014	B. WING		R 07/07/2023						
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE							
DAD GROUP HOME	ANGIER,	NC 27501								
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE						
Continued From page 1		V 114								
revealed: -No documentation of for 3rd shift during the during the 4th quarter -No documentation of completed for 1st shift shift for the 2nd quart 3rd quarter and 1st and quarter. During interview on 0 revealed: -The agency had sevelast few monthsThe facility had a new	f fire drills were completed e 3rd quarter and 2nd shift r. f disaster drills were ft during the 1st quarter, 3rd ter, 1st and 3rd shift for the and 2nd shift for the 4th 7/07/23 the Administrator eral staff turnovers in the w manager and she felt like									
10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe, manner and shall be odor. This Rule is not met Based on observation was not maintained ir and orderly manner. Observation on 07/07 9:30am revealed: -The kitchen cabinets facing of the cabinet u-A drawer on the kitch pull knob.	as evidenced by: a and interview, the facility a a safe, clean, attractive The findings are: 7/23 at approximately were discolored on the under the sink. hen cabinet was missing the	V 736								
	ROVIDER OR SUPPLIER SUMMARY ST. (EACH DEFICIENCE REGULATORY OR I Continued From page revealed: -No documentation or for 3rd shift during the during the 4th quarter -No documentation or completed for 1st shift shift for the 2nd quart 3rd quarter and 1st ar quarter. During interview on 0 revealed: -The agency had sev last few monthsThe facility had a net things had been bette 27G .0303(c) Facility 10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it maintained in a safe, manner and shall be odor. This Rule is not met Based on observation was not maintained in and orderly manner. Observation on 07/07 9:30am revealed: -A drawer on the kitch pull knob.	MHL043-014 ROVIDER OR SUPPLIER STREET AI DAD GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 revealed: -No documentation of fire drills were completed for 3rd shift during the 3rd quarter and 2nd shift during the 4th quarter. -No documentation of disaster drills were completed for 1st shift during the 1st quarter, 3rd shift for the 2nd quarter, 1st and 3rd shift for the 3rd quarter and 1st and 2nd shift for the 4th quarter. During interview on 07/07/23 the Administrator revealed: -The agency had several staff turnovers in the last few months. -The facility had a new manager and she felt like things had been better at the facility. 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 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 07/07/23 at approximately 9:30am revealed: -The kitchen cabinets were discolored on the facing of the cabinet under the sink. -A drawer on the kitchen cabinet was missing the pull knob. -The linoleum under the kitchen sink was peeling	ROVIDER OR SUPPLIER TOAD GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 revealed: -No documentation of fire drills were completed for 3rd shift during the 3rd quarter and 2nd shift during the 4th quarterNo documentation of disaster drills were completed for 1st shift during the 1st quarter, 3rd shift for the 2nd quarter, 1st and 3rd shift for the 3rd quarter and 1st and 2nd shift for the 4th quarter. During interview on 07/07/23 the Administrator revealed: -The agency had several staff turnovers in the last few monthsThe facility had a new manager and she felt like things had been better at the facility. 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 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 07/07/23 at approximately 9:30am revealed: -The kitchen cabinets were discolored on the facing of the cabinet under the sinkA drawer on the kitchen cabinet was missing the pull knobThe linoleum under the kitchen sink was peeling	MHL043-014 SOUNDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 190 RAWLS ROAD ANGIER, NC 27501 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 1 revealed: -No documentation of fire drills were completed for 3rd shift during the 3rd quarter and 2nd shift during the 4rd quarterNo documentation of disaster drills were completed for 1st shift during the 1st quarter, 3rd shift for the 3rd quarter lat and 3rd shift for the 3rd quarter and 2nd shift for the 3rd quarter and 1st and 2nd shift for the 3rd quarter and 2nd shift for the 3rd quarter and 1st and 2nd shift for the 4th quarterThe facility had a new manager and she felt like things had been better at the facility. 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 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 07/07/23 at approximately 9:30am revealed: -The kitchen cabinets were discolored on the facing of the cabinets were discolored on the facing of the cabinet under the sinkA drawer on the kitchen cabinet was missing the pull knobThe lincileum under the kitchen sink was peeling						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED
			_		
					R
		MHL043-014	B. WING		07/07/2023
					,
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		190 RAW	LS ROAD		
RAWLS R	OAD GROUP HOME		NC 27501		
		ANGIER,	NC 27501		T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE
				DEI IOIENOT)	
V 736	Continued From page 2		V 736		
V 730	Continued From page	, 2	1750		
	-The carnet in the hal	lway was soiled from a			
	water leak.	may was somed norma			
		a mat walling and had water			
		s not working and had water			
	damage under the sir				
	-Client #4's bedroom	had a tear in the carpet next			
	to the bed.				
	-The handicap showe	r had approximately 2			
	-	iter that would not drain			
	properly out of the shower.				
	-The second bathroom the bathtub had a hole in				
	the side of the tub approximately the size of a golf				
	ball. The tub had a black substance that				
	appeared to be mold around the tub. The water				
	in the bathtub could not be turned off. The vanity				
	was rotted on the side near the bathtub.				
	During interview on 0	7/7/23 the House Manager			
	revealed:				
	-The facility had been experiencing issues with				
	the plumbing for a few months.				
	-The agency that owned the home had been				
	contacted to get the re	epairs completed.			
	During interview on 0	7/7/23 the maintenance			
	manager revealed:				
	-The facility was expe	eriencing plumbing issues			
		facility and the copper pipes			
	that were used for plu				
	and word adda for pro	initially in the facility.			
	During internal	7/7/99 the Administration			
	_	7/7/23 the Administrator			
	revealed:				
		een given to the agency for			
	the repairs of the plur				
	-They were waiting to	be contacted from the			
	,	e repairs could begin on the			
	facility.	, 3			

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