

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/19/2023
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NAME OF PROVIDER OR SUPPLIER ADVANCE BEHAVIORAL HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2840 LISA LANE KINSTON, NC 28502
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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 19, 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>This facility is licensed for 5 and currently has a census of 4. 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 07/19/23 at approximately 10:09am revealed:</p> <ul style="list-style-type: none"> -Living room wall had wall paper peeling in the middle of the wall. -There was a small amount of food splatter on the wall. -Vent in hallway had heavy dust. -Hall bath had dark spots on ceiling boarder above the sink; the bottom of the door was cracked in several places and paint missing; shoe molding around the tub was peeling and had dark spots. -Client #1 had a 2 drawer nightstand that 1 missing one knob on the top drawer and a 2 inch 	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <p>hole was in the closet door. -Client #3 had carpet that was torn at the entrance into the bathroom; there was caulking around the tub that was discolored with dark stains; the nightstand bottom drawer was missing the left knob.</p> <p>Interview on 07/19/23 the Qualified Professional stated: -She is having a company to deep clean the facility and the facility is replacing some of the doors. -She understood the facility was required to be maintained in a safe, clean, attractive and orderly manner.</p>	V 736		