

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/31/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JAMES FARM HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>148 JAMES FARM ROAD STATESVILLE, NC 28625</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on July 31, 2023. Deficiencies were 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 4 and currently has a census of 3. 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 interviews and observation, the facility was not maintained in a clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 7/10/23 at approximately 3:52 pm revealed:</p> <ul style="list-style-type: none"> <li>-There were multiple black and brown stains on the walls of the lower cabinet in the main bathroom;</li> <li>-Client #2's door had two holes approximately five inches long;</li> <li>-In client #2's bathroom, the base of the cabinet had a hole approximately 2 inches tall and 7 inches long;</li> <li>-Part of the gutter in the back was pulled away from the facility;</li> <li>-The rust-colored carpet throughout the facility was dark brown and stained.</li> </ul>	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> <p>Interview on 7/11/23 with staff #1 revealed; -The licensee had been making repairs to the facility and planned to get new flooring; -He did not know how long the black and brown spots had been in the main bathroom but there had been a water leak; -He had no knowledge of client #2's bathroom cabinet being damaged.</p> <p>Interview on 7/11/23 with the Qualified Professional (QP) revealed: -"James Farm Home is one of RHA's (Licensee) older homes (facilities) and all maintenance needs slowed down during Covid;" -"There was a leak completed in the main bathroom in the home (facility). The work was completed prior to my arrival in October of 2022;" -Licensee was aware of repairs needed at facility, and an estimate had been approved.</p>	V 736		