Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
AND FLAN OF CONNECTION			A. BUILDING:									
		MHL033-058	B. WING		08/3	1/2023						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
WAY FARER COURT 145 WAY FARER COURT ROCKY MOUNT, NC 27801												
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE							
V 000	INITIAL COMMENTS		V 000									
	An annual and follo on 8/31/23. A defici	w up survey was completed ency was cited.										
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.											
		sed for 5 and currently has a urvey sample consisted of clients.										
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736									
	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.											
	interview the facility	et as evidenced by: on, record review and railed to maintain its grounds tive manner. The findings are:										
	bedroom window re	0/23 at 12:16pm of client #2's evealed: n window approximately 20										
	repair/request revea	of the facility's inspection aled: dow repair submitted 1/14/23										
	Residential Manage - in October 2022 the grass was bein	2 a rock hit the window while										

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

(X6) DATE TITLE

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NAME OF PROVIDER OR SUPPLIER WAY FARER COURT (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE R 08/31/2023 R 08/31/2023 R 08/31/2023	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
NAME OF PROVIDER OR SUPPLIER WAY FARER COURT (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI						F	₹						
WAY FARER COURT ROCKY MOUNT, NC 27801 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI	MHL033-058			B. WING			08/31/2023						
ROCKY MOUNT, NC 27801 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI													
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X6 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI	I WAY FARER COURT												
	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	(X5) COMPLETE DATE							
V 736 Continued From page 1 it took longer because it was a special type of window - he had not followed up on the window since January 2023 - sent another request to follow up on the window yesterday (8/30/23)	V 736	it took longer becau window - he had not follo January 2023 - sent another re	use it was a special type of owed up on the window since equest to follow up on the	V 736									

Division of Health Service Regulation STATE FORM