		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	BERTH IOAHON HONDER.	A. BUILDING:		R 08/29/2023	
	MHL051-150				
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
AMBRIDGE PLACE C	ASAWORKS & PF	-			
(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
INITIAL COMMENTS		V 000			
An annual and follow up survey was completed on August 29, 2023. Deficiencies were cited.					
category: 10A NCA Recovery Programs	C 27G .4100 Residential s for Individuals with				
census of 9. The su	urvey sample consisted of				
27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
EXTERIOR REQUI (c) Each facility and maintained in a saf	IREMENTS d its grounds shall be e, clean, attractive and orderly	,			
Based on observation was not maintained	ion and interview, the facility I in a clean and attractive				
 Apartment #10, the bedroom Apartment #10 and pen marks thro foyer and bedroom 	2: 1 blind slat was broken in 6: multiple crayon, marker, bughout stairwell, entrance walls				
window and a 6-inc apartment that exp apartments #106 a - Apartment #114 two 6 x 6 laminates	h hole in the vinyl siding of the osed the insulation between nd #108 4: kitchen floor was missing	•			
	OF CORRECTION PROVIDER OR SUPPLIER AMBRIDGE PLACE C SUMMARY STA (EACH DEFICIENC' REGULATORY OR L INITIAL COMMENT An annual and follo on August 29, 2023 This facility is licens category: 10A NCA Recovery Program Substance Abuse D This facility is licens census of 9. The su audits of 3 current of 27G .0303(c) Facilit 10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf manner and shall b odor. This Rule is not me Based on observative was not maintained manner. The findin Observation on 8/2 - Apartment #10 and pen marks throw foyer and bedroom - Missing shutter window and a 6-inc apartment that exp apartments #106 a - Apartment #114	OF CORRECTION IDENTIFICATION NUMBER: MHL051-150 MHL051-150 PROVIDER OR SUPPLIER STREET A AMBRIDGE PLACE CASAWORKS & PI CAMBRI SMITHER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on August 29, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children. This facility is licensed for 13 and currently has a census of 9. The survey sample consisted of audits of 3 current clients. 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 clean and attractive manner. The findings are: Observation on 8/29/23 at 9:05am revealed: - Apartment #102: 1 blind slat was broken in the bedroom - Apartment #106: multiple crayon, marker, and pen marks throughout stairwell, entrance foyer and bedroom walls - Missing shutter outside of the upstairs window and a 6-inch hole in the visulation between apartment that exposed the insulation between apartment that exposed the insulation between apartment #106 and #108 - Apartment #114: kitchen floor was missing two 6 x 6 laminate squares in front of the	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL051-150 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SUMMARY STATEMENT OF DEFICIENCIES CAMBRIDGE PLACE CASAWORKS & PI INITIAL COMMENTS ID PREFIX TAG INITIAL COMMENTS V 000 An annual and follow up survey was completed on August 29, 2023. Deficiencies were cited. IN This facility is licensed for the following service category: 10A NCAC 27G. 4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children. V 000 This facility is licensed for 13 and currently has a census of 9. The survey sample consisted of audits of 3 current clients. V 736 27G .0303(c) Facility 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. V 736 Observation on 8/29/23 at 9:05am revealed: - Apartment #102: 1 blind slat was broken in the bedroom walls - Apartment #106: multiple crayon, marker, and pen marks throughout stairwell, entrance foyer and bedroom walls - Apartment #114: kitchen floor was missing twindow and a 6-inch hole in the vinyl siding of the apartment #1414: kitchen floor was missing two 6 x 6 laminate squares in front of the	OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: MHL051-150 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MBRIDGE PLACE CASAWORKS & PI CAMBRIDGE PLACE - VARIOUS SUITES SIMITFIELD, NC 27577 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREEX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCY V 000 INITIAL COMMENTS V 000 PREEX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO TO DEFICIENCY V 000 An annual and follow up survey was completed on August 29, 2023. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G. 4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children. V 736 This facility is licensed for 13 and currently has a census of 9. The survey sample consisted of audits of 3 current clients. V 736 27G .0303(c) Facility and Grounds Maintenance (o) Each facility and is grounds shall be maintained in a safe, dean, attractive and orderly manner and shall be kept free from offensive odor. V 736 This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean and attractive manner. The findings are: Observation on 8/29/23 at 9:05am revealed: - Apartment #106: multiple crayon, marker, and pen marks throughout	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL051-150 B. WING 087 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CAMBRIDGE PLACE CASAWORKS & PI CAMBRIDGE PLACE - VARIOUS SUITES SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTIVE ACTION NOUNSE IN FREEMATION (INFORMATION) PREINK PROVIDERS PLAN OF CORRECTIVE ACTION ASIALD BE INITIAL COMMENTS V 000 V 000 PREINK PREINK CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY INITIAL COMMENTS V 000 An annual and follow up survey was completed on August 29, 2023. Deficiencies were cited. V 000 An annual and follow up survey sample consisted of audits of 3 current clients. V 736 V 736 27G. 0303(c) Facility and Grounds Maintenance V 736 V 736 10A NCAC 27G. 0333 LOCATION AND EXTERNOR REQUIREMENTS V 736 COLSEAND and Literview, the facility was not maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. V 736 Chartment #102: 1 blind slat was broken in the bedroom - Apartment #102: 1 blind slat was broken in the bedroom - Apartment #106: multiple crayon, marker, and pen marks throughout stairwell, entrance froyer and bedroom walls - Missing solutero uside of the upstairs window and a 6-inch ho

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 08/29/2023	
		MHL051-150				
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		CAMBRI	DGE PLACE -	VARIOUS SUITES		
HCCC	AMBRIDGE PLACE C	ASAWORKS & PI SMITHFI	ELD, NC 2757	7		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF			
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	ige 1	V 736			
	- Apartment #116: sink knob in the upstairs					
	bathroom was spinning and only cold water came		•			
		nd multiple pieces of blind				
		n the bedroom window				
	- Apartment #120: multiple pieces of blind slats		5			
	were broken on the	back door in the kitchen				
	During interview on 8/29/23 the Facility Manager					
	reported:					
	- Some apartments needed new blinds					
	- She contacted the "management company"					
	and put in a work order for new blinds several					
	months ago					
		ecall how the shutter came of	f			
	or hole occurred between apartments #106 and					
	#108	41 11				
	- She contacted the "management company" about the hole and missing shutter, but she could					
	not recall when	missing shutter, but she could				
		follow up with the				
2 1 2 2 2 2 2 2 2 2 2 1 1 1 1 1 1 1 1 1	•	pany" as soon as possible				
	about the building r					
	During interview on Manager reported:	8/29/23 the Program				
		ted the apartments and the				
		wned by a "management				
	company"	, .				
		ement company" just took ove	r			
		were responsible for the				
	repairs of the facilit					
		nent company" was "supposed				
	to replace the blind					
		all what happened with the discussion of the dis				
	#106 and #108					
		nd time" for repairs "varied"				
		ook over 90 days to complete				
		nager ordered blinds "a while				
	ago" but she could	not recall when				

Division of Health Service

If continuation sheet 2 of 3

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBI		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED R 08/29/2023	
		MHL051-150				
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		CAMBRI		VARIOUS SUITES		
	AMBRIDGE PLACE C	SMITHFI	ELD, NC 2757	7		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION		
PRÉFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE DEFICIENCY)		DATE
V 736	Continued From page 2		V 736			
	- She held community meetings for clients to					
	 report issues with their apartment Staff checked apartments and reported needed repairs at least once a week 					
- C						
	- She planned to contact the "management					
	company" about the	e needed repairs				
	This deficiency constitutes a recited deficiency.					

7NJ311