STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL049-171		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		B. WING		10/26/2023		
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
BROOKDA	ALE GROUP HOME		OKDALE DRIVE VILLE, NC 28677			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on 10/26/23. Deficiencies were cited.					
		d for the following service 27G .5600A Supervised Mental Illness				
	-	d for 6 and currently has a vey sample consisted of ents.				
	27G .0205 (A-B) Assessment/Treatme	nt/Habilitation Plan	V 111			
	10A NCAC 27G .020 TREATMENT/HABIL PLAN	5 ASSESSMENT AND ITATION OR SERVICE				
	client, according to g	hall be completed for a overning body policy, prior to es, and shall include, but not				
	() I					
	of admission, except	that a client admitted to a r 24-hour medical program				
		I, family, and medical history;				
	psychiatric, substanc vocational, as approp	e abuse, medical, and priate to the client's needs. re provided prior to the				
	referred to as the "pla	or service plan, hereafter an," strategies to address the				
	client's presenting pro	oblem shall be documented.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL049-171			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				10	/26/2023	
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE DOKDALE DRIVE	, ZIP CODE		
BROOKD	ALE GROUP HOME		VILLE, NC 28677			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 111	Continued From pag	e 1	V 111			
	facility failed to ensur completed prior to the	view and interview, the re an assessment was e delivery of services				
	affecting 3 of 5 client Review on 10/24/23 revealed:	s (#3 - #5). The findings are: of client #3's record				
	- Admission date: 4/6 - Diagnoses: Obsess Borderline Intellectua	5/23 ive Compulsive Disorder; al Functioning; and Seizure				
	Disorder - No admission asse	ssment.				
	Review on 10/24/23 revealed: - Admission date: 4/					
	- Diagnosis: Paranoid - No admission asses	d Schizophrenia				
	Review on 10/25/23 revealed: - Admission date: 4/					
		ellectual and Development r Disorder				
	Interview on 10/26/23 alth Service Regulation	3 with the Qualified				

STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL049-171		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING		10/26/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
BROOKD	ALE GROUP HOME		OOKDALE DRIVE VILLE, NC 28677			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 111	Continued From pag	e 2	V 111			
V 736	27G .0303(c) Facility	v and Grounds Maintenance	V 736			
		ns and interviews, the facility n a safe, clean, and orderly				
	Observations from 2 10/25/23 of the grou - Microwave oven ha	p home revealed:				
		s coming off. The over door inside the oven were dirty				
	one drawer that was	had one missing drawer and broken. had a drawer that was				
	- The restroom for w of the bathtub, on the	omen had mold at the base e shoe molding, and bathtub cet handle was broken.				
	microwave. - She did not know tl	ne seal was coming off the				

STATE FORM

AND PLAN OF CORRECTION IDENTIFI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
		MHL049-171			40/06/0000		
			ADDRESS, CITY, STATE, ZIP CODE			10/26/2023	
	ALE GROUP HOME		OKDALE DRIVE				
		STATES	VILLE, NC 28677				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 736	Continued From pag	e 3	V 736				
	inside of the oven an are working on that r - She would have the	seen the condition of the ad was not very pleased. "We ight now." e clients' dressers repaired. foom would be cleaned.					
	alth Service Regulation						

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