

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/29/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AMAT GROUP HOMES, LLC #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7616 US HIGHWAY 421 SOUTH</b> <b>ERWIN, NC 28339</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 and complaint survey was completed on September 29, 2023. The complaint was unsubstantiated (Intake #NC00206514). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean and orderly manner. The findings are:</p> <p>Observation on 09/28/23 at approximately 2:00pm revealed:</p> <ul style="list-style-type: none"> <li>-The refrigerator had rust appearances on the front and side of the refrigerator.</li> <li>-The kitchen floor had dirt debris.</li> <li>-The blind slates in the hall bathroom were broken.</li> <li>-The bathroom sink was full of dirty water and would not drain.</li> <li>-The ceiling fan with light in client #4's bedroom was missing the globe over the light.</li> <li>-A large patched area that had not been painted</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>was located behind the door leading to the carport.</p> <p>-A black pole was laying down in the front yard that had been attached in the ground.</p> <p>During interview on 09/28/23 the Licensee revealed:</p> <p>-She would address the issues listed in the report.</p>	V 736		