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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 A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			A. BOILDING.						
		MHL041-997	B. WING		10/23/2023				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
BLACKWELL HOUSE, INC 2805 NORTH O'HENRY BOULEVARD GREENSBORO, NC 27405									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE COMPLETE						
V 000	INITIAL COMMENTS		V 000						
	on October 23, 2023. This facility is licensed category: 10A NCAC	up survey was completed Deficiencies were cited. d for the following service 27G .5600A Supervised							
	Living for Adults with The survey sample co								
V 114	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster coshall be held at least repeated for each shirunder conditions that	for each facility and an shall be developed and the appropriate local made available to all staff edures and routes shall be drills in a 24-hour facility	V 114	Per 10A NCAC 27.G. 0207-The Blackw House administrator or QP will ensure the will follow the fire and disaster drills account to state guidelines. The Blackwell House conduct a fire and disaster drill once every quarter, by staff and/or live in staff, per such that simulate fire emergencies to prepare ensure the safety of the clients.	nat staff ording e will ery chift. ditions				
	failed to conduct fire a shift per quarter. The Review on 10/23/23 of	ew and interview, the facility and disaster drills once per findings are:							

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BOILDING.					
		MHL041-997	B. WING		10/2	3/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
BLACKWELL HOUSE, INC 2805 NORTH O'HENRY BOULEVARD								
			ORO, NC 2740					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (X5)				
V 114	Continued From page 1		V 114					
	-No fire or disaster dr August 2023, April 20							
		with the Licensee revealed:						
		disaster drills were to be						
	conducted once per s -Was the "24-hour live	nाग per quarter e-in staff" at the facility						
		•						
	This deficiency consti	tutes a re-cited deficiency d within 30 days.						
V 736	V 736 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		V 736	Per 10A NCAC 27G.0303 - The Blackwel	l House			
				administrator and QP will ensure that the grounds will stay maintained, clean and fr any trash, broken or damaged objects. Th ground inspection will be conducted at lea	facility ree of nis ast			
	manner and shall be lodor.	kept free from offensive		once a week along with normal weekly gr keeping. This inspection is to ensure the of and safety of our clients.				
		ns and interviews, the facility n a safe, clean, attractive						
	•							
	wood on bottom of do							
	had peeling paint	the facility's front windows ergrown on the side of the						
		art of the front window						
		n the front of the facility had						
	3 wasp's nests and a	spider web						
	_	ne facility's front step area gn that jutted vertically out						

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	PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY				
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
]						
	MHL041-997	B. WING		10/23/2023				
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
2805 NORTH O'HENRY BOULEVARD								
BLACKWELL HOUSE, INC GREENSBORO, NC 27405								
(VA) ID SLIMMARY STATEM	MENT OF DEFICIENCIES	I.D.	PROVIDER'S PLAN OF CORRECTION	d (VE)				
PREFIX (EACH DEFICIENCY MU	UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
V 736 Continued From page 2		V 736						
of the ground, approximalist and the farmalist and the facility's attached strot on wood at bottom of a the facility's side Iron poles facility's side Iron pole lying poles leaned against side and the facility's vinyl the wall had fallen off and shingles with paint that he interview on 10/23/23 with the facility against the wall against the wall arithe chairs, they got too	s can, old paint, old paint appers, empty plastic roken chairs, a rusted drusted hoe head torage/utility area had dry door that leaned against the ing in grass and 2 iron e of house I siding, on the left side of drevealed former had peeled. If the client #1 revealed: In the backyard of the old and started tearing, ack over here (pointed to ack over here from when I washed the off (of the facility) in the	V 730						

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