PRINTED: 02/06/2024 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL074-136	B. WING		01/	24/2024	
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST				
PARADIO	SM, INC		PACTOLUS F				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and complaint survey was completed January 24, 2024. Two complaints were unsubstantiated. (intake #'s NC00212083 and NC00212827) Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
		sed for 6 and currently has a urvey sample consisted of clients.					
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
		on and interview, the facility in a safe, clean, attractive					
	Observation on 1/2- 12:11pm revealed:	4/24 at approximately					
	out.	e right side of the facility was					
	stains in the crevice discolored behind the the side on the sink bedframe had a side	bathroom tub had black/brown es; the shoe molding was ne toilet and detached from ; Client #3's wooden e rail that was cracked and 2 vers were missing knobs and ng.					

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Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL074-136	B. WING		01/	24/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PARADIO	GM, INC		D PACTOLUS /ILLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLE THE APPROPRIATE DATE	
V 736	Continued From page 1		V 736			
	drawer was broken -Client #2 and #6 h sink in the bathroor -Hall bath on the let fixture with 1 bulb n around the bathtub Interview on 1/24/2 stated she understo	ad a 3 light fixture above the n with 1 bulb not working. ft of the facility had a 3 light not working; brown stains	,			
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas of exposed to hot wat	304 FACILITY DESIGN AND acility shall be designed, upped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the ntained between 100-116 t.				
	water temperatures 100-116 degrees F	et as evidenced by: ion and interview, the facility were not maintained betweer ahrenheit in areas where ed to hot water. The findings	n			
	12:35pm revealed:	4/24 between 12:11pm and ne sink in the kitchen was 90 t.				

XQW811

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL074-136	B. WING		01/	24/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
PARADI	GM, INC		D PACTOLUS I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 752	-The hall bath on th water temperature of -Client #3 and #4's temperature that wa -Client #2 and #6's was 90 degrees Fal -Hall bath on the lef water temperature of the sink. Interview on 1/24/24 was always warm w Interview on 1/24/24 was always hot and warm shower. Interview on 1/24/24 client's had not com temperature. Interview on 1/24/24 stated she understo temperature was re between 100-116 do	e right side of the facility had a of 92 degrees Fahrenheit bathroom sink had a water as 92 degrees Fahrenheit bathroom sink temperature hrenheit. 't side of the facility had a of 89 degrees Fahrenheit at 4 client #2 stated the water	V 752			

XQW811