STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL053-066	B. WING		02/0	
		MHL093-066			02/0	8/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MID CAF	MID CAROLINA INNOVATIONS 488 COMMERCE DRIVE SANFORD, NC 27332					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
	2024. The complain	was completed on February 8, nt was substantiated (intake ficiencies were cited.				
	category: 10A NCA Developmental and	sed for the following service C 27G .2300 Adult Vocational Programs for velopmental Disabilities.				
		urrent census of 37. The sisted of audits of 3 current				
V 736	27G .0303(c) Facilit	ty 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				
	was not maintained	et as evidenced by: on and interviews, the facility in a safe, clean, attractive, kept free from offensive odor.				
	of wall. Walls had s -Hallway near class patch on wallHallway near class discolored paint pat -Classroom #5-Red over sink. The plast	5 AM revealed: bber pulling away from bottom cuff marks. room #2-Discolored paint room #4-Two sections of wall				

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL053-066	B. WING		02/0) 8/2024
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
MID CAROLINA INNOVATIONS			MERCE DRI\ D, NC 27332			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
gree The star -W war war from pla mise -Me toil. The star and 2nd dirt cover dis part the -Ca Score por apprendix on -Kir und brown bet -W soa star big	e floor had paint ains. Yomen's bathroor is a feces odor. A all. The door stopped in the wall. The trastic bags over the ssing from the wall et was cracked in e mirror had appains. There were ad yellowish stains of stall was hanging to stall. Approximately 2 incomposition of sheetrock proximately 2 incomposition and stall. Approximately to stall way near cafetrall. Approximately tween water found yomen's bathroor ap dispenser was all door had scuffinger stall had a tall ager stall had a tall was hanging to stall had a t	the faucet had red paint on it. splatter, dirt particles and rust in near classroom #5-There idiscolored paint patch on the per on the wall was separating oilets in two of the stalls had em. A soap dispenser was all. ear classroom #5-Back of in one of the bathroom stalls. roximately 20 white pen sized approximately 20 brownish is on the walls. The door to the ing from hinges. 2nd stall had the toilet paper dispenser in the 2nd stall. A soap sing from the wall. The the stalls was rusting towards as food debris on the walls. floor. There was a square in the cut of the wall hes on all 4 sides near in towards bottom of wall was scuffed. Discolored paint oximately 20 light brown stains are was a rust area on floor falls had approximately 10 eria- Discolored paint patch on 10 brownish stains on walls in	V 736			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL053-066	B. WING			C 0 8/2024
NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, S	STATE, ZIP CODE		
MID CAROLINA INNOVATIONS			MERCE DRI\ D, NC 27332			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 736	wall. 2nd stall had a -Men's bathroom o was a strong urine areas on floor near urinal had a crack a and 6 inches long. brownish stains on cover to toilet pape Greenish stain on vinches long. The pay was rusting toward stall door was com the wall partitions for the wallHallway-There we the floor tile with m tilesMovie Room-Ther window. Scuff mark-Recreation Room-the window. Tile miscuffed and had a long. There were a paint stains on the writing on it. Area of stains. Floor had all bluish markings. The fine doors to the the hinges and laying entertainment cententertainment cent	a plastic bag over the toilet. In hallway near cafeteria-There smell. Missing floor tile. Rust urinals. Area of wall near approximately 4 inches wide There were approximately 10 the wall. The bigger stall the r dispenser missing from wall. wall about 8 inches wide and 6 artition in between the stalls is the bottom. The 2nd/middle pletely off the hinges. One of for the urinal was laying against a present the walls. There was a bed sheet over the case on the walls. There was a bed sheet over issing on the floor. Desk was crack approximately 2 feet pproximately 8 purple and gray floor. Door to room had red of floor near television had rust opproximately 8 reddish and the floor had scuff marks. One entertainment center was offing on the floor underneath the er. A drawer to the	V 736			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		MHL053-066	B. WING			C 08/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MID CAE	ROLINA INNOVATIONS	488 COMI	MERCE DRIN	/ E		
WIID CAP	COLINA INNOVATION	SANFOR	D, NC 27332			
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 736	Continued From pa	ige 3	V 736			
	plum sized halls an faded and had brow covering the other i brownish stains. Th	nd fabric covering partition was which stains. The fabric 3 partitions was faded and had the floors were scuffed. approximately 6 inches wide				
	Interview on 2/8/24 with the Director of Quality Management revealed: -He didn't visit the day program that oftenHe wasn't aware there were so many maintenance issues with this facilityThere was a process for staff to submit work orders if there are issues with the facilityAny staff can submit a work order if there are maintenance issues with the facilityHe thought the Chief Executive Officer (CEO) was aware of some the issues with this facilityThe CEO possibly put in work orders for some of these maintenance issues alreadyHe acknowledged the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.					
	-He was aware of r issues with the faci -He already submit these maintenance -Some of these iss -He replaced most -They were waiting delivered to the facility -They are "constanthis facilityHe was at this facilissues with the facilitear.	ted work orders for some of issues with the facility. ues take time to repair. of the toilets in the facility. on some of these items to be				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING			,
		MHL053-066	B. WING			8/2024
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
MID CAR	MID CAROLINA INNOVATIONS 488 COMMERCE DRIVE SANFORD, NC 27332					
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
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V 736	Continued From pa	ige 4	V 736			
V 736	•	ractive, orderly manner and	V 736			

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