PRINTED: 02/26/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
701012701	or contraction	IDENTIFICATION NOMBER.	A. BUILDING: _			
		MHL032-516	B. WING		02/1	9/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
ROSHAUN'S HOUSE OF CARE 4012 GUES DURHAM, N			SS ROAD , NC 27705			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
V 114	completed on Februa (intake #NC00213202 unsubstantiated and #NC00212933, #NC0 were substantiated. E This facility is license category: 10A NCAC Supervised Living for The facility is licensed census of 5.	20212664 and #NC212625) Deficiencies were cited. d for the following service 27G. 5600A Adults with Mental Illness d for 6 and currently has a consisted of audits of 2 eased client.	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 ashall be held at least repeated for each shi under conditions that (d) Each facility shall accessible for use.	an shall be developed and the appropriate local made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ft. Drills shall be conducted simulate fire emergencies. have basic first aid supplies				

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

(X6) DATE TITLE

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			A. BOILDING	A. BUILDING:		
		MHL032-516	B. WING		R 02/19/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
ROSHAUN	I'S HOUSE OF CARE		ESS ROAD			
		DURHAN	, NC 27705			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 114	Continued From page 1		V 114			
	failed to conduct fire a shift at least quarterly	and disaster drills on each r. The findings are:				
	Review on 2/14/24 of the facility's fire drills revealed: - 2/15/23 - 2nd shift4/6/23 - 1st shift.					
	-5/16/23 - 2nd shift. -6/5/23 - 1st shift.					
	-9/1/23 -2nd shift.					
	-There were no fire drills conducted since 9/2023There were no fire drills conducted in 2024.					
	-Fire drills were not conducted on each shift and least quarterly. Review on 2/14/24 of the facility's disaster drills revealed: -3/9/23 - 3rd shift5/19/23 - 2nd shift7/1/23 - 2nd shift10/26/23 - 1st shift.					
	-There were no disas 10/2023.	ter drills conducted since				
	-There were no disas	ter drills conducted in 2024. not conducted on each shift				
	at least quarterly.					
		with the Owner revealed: to conduct fire and disaster				
	<u> </u>	e been completed in one				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL032-516	B. WING		R 02/19/2024			
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 02/13/2024			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4012 GUESS ROAD ROSHAUN'S HOUSE OF CARE							
RUSHAUI	15 HOUSE OF CARE	DURHAM,	NC 27705					
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE			
V 736	Continued From page 2		V 736					
	manner and shall be lodor.	kept free from offensive						
	This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was maintained in a safe, clean, and attractive manner. The findings are:							
	-The refrigerator door	small hole above the floor ride and 1 inch long.						
	Interview on 2/19/24 with the Owner revealed: -She contacted the homeowner and parts had been ordered for the refrigeratorThe owner already knew about the hole; it was a concern about the rodents getting into the houseThe hole would be patched upShe did not know about the blinds but would buy new blinds today.							
	This deficiency consti	tutes a re-cited deficiency d within 30 days.						

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