Division of Health Service Regulation			T. CONSTRUCTION		(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		COMPL	ETED	
		IDENTIFICATION NUMBER.	A. BUILDING:			
					02/05	3/2024
		MHL076-055	B. WING		02/00	5/2024
		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER		HWY 42 EAS			
THE OVE	RLOOK		RO, NC 2720			
				PROVIDER'S PLAN OF CORRECTION	ON	(X5)
(X4) ID SUMMARY STAT		TEMENT OF DEFICIENCIES	PREFIX TAG	. /EACH CORRECTIVE ACTION SHOUL	_D BE	COMPLETE
PREFIX TAG	(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			CROSS-REFERENCED TO THE APPRO	TIMALE	
IAG						
	COLUMNIA CONTRACTOR		V 000			
V 000	INITIAL COMMENTS		5. 5553, 75			
	An annual survey was completed on February 8,					
	2024. A deficiency	was cited		RECEIVED		
	2024. A deficiency	was cited.		- LOCIVED		
	This facility is licen	sed for the following service		FEB 2 6 2024		
	category: 10A NCA	C 27G .5600C Supervised		LU E U LOLI		
	Living for Adults wi	th Developmental Disabilities.		DHSR-MH Licensure Ser		
				- Total Militakensure Sei	CI	
	This facility is licen	This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of				
	census of 4. The s					
	audits of 3 current clients.			200		
	27G .0303(c) Facility and Grounds Maintenance		V 736	Advanced Health Reso	Urces	
V 736				SUL SUL INA NCA	C	
				mill could by mill in.	- and	
10A NCAC 27G .0303 LOCATION AND		303 LOCATION AND		will comply with 10A NCATON 276. 0303 Location	y are	
	EXTERIOR REQU	EXTERIOR REQUIREMENTS		Exterior Require	ments	
(c) Each facility and its grounds sha maintained in a safe, clean, attracti		to clean attractive and orderly		Exterior Regond	. (	4/8/2024
	maintained in a sa	e kept free from offensive		1 . \0.5	5	1-1
	odor.			The LandLord was	2	
	badi.			contacted and has a to refinish the Sin	syriai	
	This Rule is not m	met as evidenced by:		La Collinsky die	Vand	
	Based on observa	tion and interview, the facility		to ethnish the Si	nkanc	
	was not maintaine	d in a safe, clean, orderly and		tub in the hall box	thronm	
	attractive manner.	The findings are:	1	100 (11111 100)	((11.00)	
		7/04 at about 12:05 nm of the		The Complete of	Lul	
1	Observation on 2/ Hall bathroom rev	7/24 at about 12:05 pm of the		The Carpet in Cli	CUITAL	
	-Sink's paint/resin	was neeling off		bedruam will be c	Nasl	
	-Tub's paint/resin	was peeling off.				
	- Tub a paintitiositi	p		and/or replaced of	meded	
	Observation on 2/	7/24 at about 12:10 pm of		after cleaning.		
	Client #4's room r	evealed:		Atten or control.	1 0	
	-Carpet was old/w	orn out.		to Los of the Clos	et in	
	-There was a larg	e section of		the top of the clus	oc' del	
2	unfinished/unpain	ted patch up work on top of the		the peccoum will be	bainece	+
	closet measuring	about 3 π A ∠ π.		on the entirety		
	Observation of O	7/24 at about 12:15 pm of the		in its entirety		
	Hollway leading to	the rooms revealed:		,		
Divinion of	Hallway leading to					(X6) DATE

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Me avalified Professional

(X6) DAIL

If continuation sheet 1 of 3

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 02/08/2024 B. WING MHL076-055 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1342 NC HWY 42 EAST THE OVERLOOK ASHEBORO, NC 27205 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION). TAG TAG DEFICIENCY) The correct filter is now in 2/19/2024 V 736 Continued From page 1 V 736 place in the return vent -Air Conditioning filters inside the return vent had the wrong size. Instead of having the required The door in the buck of 4/8/2024 the house will be repainted 4/8/2024 sized filter, it had two smaller filters overlapping each other. Observation on 2/7/24 at about 12:20 pm of the Outside of the facility revealed: The Window screen from 3/1/2024 -Door in the back of the house had paint peeling clivent # 3's window will be -Screen from one of Client #3's window was not replace. placed. It was observed to be on the ground with the frame bent. Needing replacement. -Front Porch- The front bay window was The front bay windows dirty/stained and covered in cobwebs. There were was cleaned to include two white rocking chairs that had their paint removal of all cobwebs peeling off. Review on 2/7/24 of a basic search on the internet via google revealed: The two white rucking -Several websites that carried air filters measuring 26x26x1. Including ACE Hardware, Chairs Will be repainted Lowe's Hardware, EBay among others. Interview on 2/7/24 and 2/8/24 with the Facility The Group Home Manager manager revealed: will ensure Compliance by daily observation and by our Quarterly Residential Inspection toul. -He understood that it was that time again of doing some patch-up work maintenance to the house. -The landlord was usually in charge of making -He would forward information to him. He had already informed him of some of the things and would await report to forward it to him. -Regarding Air filters, he had a hard time finding the right size filters. He believed the filters were not being made anymore. He had placed the two filters to make up for the big one. He believed the filters were supposed to be 26x26x1. -Regarding the unfinished/unpainted patch up

work, there had been some water damage and

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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							
		MHL076-055	B. WING		02/0	08/2024					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
THE OVERLOOK  1342 NC HWY 42 EAST  ASHEBORO, NC 27205											
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X.  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X.  COMP  COMP  DAY  DAY  DAY  DAY  DAY  DAY  DAY  DA							
V 736	Continued From pa	ge 2	V 736								
	finished by the land	ade, but the wall had not been lord. the facility was not maintained derly and attractive manner.									
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			de deservation de la constantina de la								
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Division of Health Service Regulation STATE FORM

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