

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/06/2024
NAME OF PROVIDER OR SUPPLIER ADVANTAGE CARE COMMUNITY SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 476 LYNNBANK ROAD HENDERSON, NC 27536		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on 3/6/24. Deficiencies were cited. This facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
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 manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 3/6/24 at 11:30 AM revealed: -Kitchen floor was ripped and taped down. -Walls throughout the halls and bedroom were scuffed and dirty. -Client #1's bedroom floor was uneven. -Hallway bathroom had broken toilet paper holder and black substance along the floor edge. -A smoke detector in client double bedroom was chirping. -Closet in client #2 did not have a door and exposed heating and air box. Interview on 3/6/24 the Director of Operations stated:	V 736		

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

TITLE

(X6) DATE

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V 736	Continued From page 1 -The Licensee had planned to have the entire house "gutted" and repaired. -The house is old and needs lots of work. -Looking to relocate the clients to do the extensive work. Interview on 3/6/24 the Licensee stated: -Had spoken to the bank about securing the money to remodel the home. -This home was their oldest home and needed a lot of repairs. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Observation on 3/6/24 at 11:30 AM revealed: -Kitchen sink temperature was 88 degrees Fahrenheit. -Hallway bathroom temperature was 88 degrees Fahrenheit.	V 752		

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V 752	Continued From page 2 -Client double bedroom with bathroom was 90 degrees Fahrenheit. Interview on 3/6/24 the Director of Operations stated: -Had not been checking the water temperatures regularly. -Was not aware the water temperature was running low. -Will have someone out today to turn up the water heater. -Will monitor the water temperatures to meet the required temperature.	V 752			