

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2024
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NAME OF PROVIDER OR SUPPLIER MABLES HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 112 ALLEN AVENUE FRANKLINTON, NC 27525
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 21, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain its grounds in a clean and attractive manner. The findings are:</p> <p>Observation on 3/20/24 at 12:02pm revealed the following:</p> <ul style="list-style-type: none"> - the sink knob in the hallway bathroom was stripped which made it difficult to adjust the water - client #2's mattress was sunken in the middle - a vacant bedroom dresser drawer had missing strips of panel - there were 2 holes in the bottom of the door of the vacant bedroom - the screen door to the front entrance had a missing doorknob handle <p>During interview on 3/20/24 the Alternative Family Living Provider reported:</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - a Division of Health Service Construction surveyor informed her of the sink knob in January 2024 - client #2 jumped in the middle of his bed which caused the mattress to be sunken in the middle - the mattress had been like that approximately a month - a former client caused the holes in the vacant bedroom door & the missing strips of panel to the dresser - the screen door handle was like that when she took over the facility in 2021 - she was in the process of having the facility repaired 	V 736		