PRINTED: 03/14/2024 FORM APPROVED

Division of Health Service Re	gulation						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL091-069	B. WING		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 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)				
This facility is licens category 10A NCAC Living for Adults with This facility is licens census of 6. The suraudits of 3 current of 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIL (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not me Based on observation was not maintained manner. The finding Observation on 3/6//	w up survey was completed sies were cited. ed for the following service 27G .5600C Supervised in Developmental Disability ed for 6 and currently has a rvey sample consisted of clients. y and Grounds Maintenance 03 LOCATION AND REMENTS its grounds shall be expected by the facility in a safe, clean and attractive on and interview the facility in a safe, clean and attractive grounds and taped down, ie halls and bedroom were in floor was uneven. The floor was uneven and tooken toilet paper holder in client double bedroom was tid not have a door and	V 736	N	RECEIVED BY MHL & C J/26/24			
stated:							

STATE FORM

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

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Division	of Health Service Re						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL091-069	B. WING		R 03/06/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
476 LYNNRANK ROAD							
ADVANT	AGE CARE COMMUN	ITY SERVICES HENDER	RSON, NC 275	536			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE		
V 736	3 Continued From page 1		V 736	This renovation will give our clients			
	house "gutted" and -The house is old ar -Looking to relocate extensive work. Interview on 3/6/24 -Had spoken to the money to remodel ti -This home was the lot of repairs.	the clients to do the the clients to do the the clients to do the the Licensee stated: bank about securing the he home. It oldest home and needed a stitutes a re-cited deficiency		a safe, clean, and brand-new residence. However, to do this efficiently and in the shortest amount of time, it will require relocation of the clients who live in this facility. Advantage Care is requesting additional time (beyond 30 days) to complete this renovation. Advantage Care would also need approval to relocate the clients until the renovations are complete. The Licensee and Director of Operations feel as if this would be the most effective way to address all the deficiencies for the long			
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fac constructed and equ	t Water Temperatures 04 FACILITY DESIGN AND cility shall be designed, uipped in a manner that	V 752	term.			
	visitors. (4) In areas o exposed to hot water shall be maint degrees Fahrenheit This Rule is not me	et as evidenced by:		Advantage Care will have a plumber come to determine why the water temperature isn't warm enough. Plumber will resolve the issue. Staff will be retrained and instructed to check and document water temperature at every shift to ensure that water is 100-116			
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 FahrenheitHallway bathroom temperature was 88 degrees Fahrenheit.			degrees. Staff will also be Instructed to call the Group Home Manager or Director of Operations if the temperature is out of range (too high or too low).				

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		MHL091-069	B. WING		R 03/06/2024
NAME OF PROVIDE	ED VO SIIDONED	· · · · · · · · · · · · · · · · · · ·	DRESS CITY	STATE, ZIP CODE	
		476 I YNN	BANK ROA		
ADVANTAGE C		ITY SERVICES HENDERS	ON, NC 27	536	
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTY)	D BE COMPLETE
V 752 Conti	nued From pa	je 2	V 752		
-Clier degree Interv stated -Had regula -Was runnin -Will I heate -Will I	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		V 752	Water temperature log will be maintained at the residence an monitored by the Group Home Manager. If any out-of-range temperatures are noticed by sta The Group Home Manager will notified, so that the plumber ca contacted again.	nifi. be

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