	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL049-145	B. WING			R 11/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE		
THE GRO	DVE		TNUT GROVI LLE, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	category: 10A NCA	sed for the following service C 27G .5600B Supervised th Developmental Disability.				
		sed for 4 and currently has a irvey sample consisted of clients.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administere					
	(2) Medications sha clients only when an client's physician.(3) Medications, inc.	all be self-administered by uthorized in writing by the sluding injections, shall be by licensed persons, or by				
	unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad	trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of red to each client must be kept				
	current. Medication recorded immediate MAR is to include th (A) client's name;	s administered shall be ely after administration. The ne following:				
ision of the	(C) instructions for	and quantity of the drug; administering the drug; ne drug is administered; and				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING.			
		MHL049-145	B. WING			R 11/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
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V 118	Continued From pa	ge 1	V 118			
	drug. (5) Client requests checks shall be rec	of person administering the for medication changes or orded and kept with the MAR appointment or consultation				
	facility failed to enside administered on the and the MARs were	et as evidenced by: view and interviews, the ure that medications were written order of a physician on t current affecting 3 of 4 #4). The findings are:				
	-Date of Admission -Diagnoses: Autism Disorder; Intellectua Moderate, and Spa and Pica;	client #1's record revealed: : 3/18/21; a, Intermittent Explosive al Developmental Disability, stic Diplegic Cerebral Palsy, ted 7/27/23 Guanfacine				
	(impulsivity) 2 millig mouth three times of -Physician order da	rams (mg), take 1 tablet by daily; ted 12/5/23 Lorazepam e 1 tablet by mouth every				
	for December 2023 -Guanfacine was no administered in the	and 3/1/24 of client #1's MARs and February 2024 revealed: of documented as having been afternoon on 2/21/24; of documented as having been /13/23.				

STATE FORM

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		MHL049-145	B. WING			R 11/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ige 2	V 118			
	Attempted interviev revealed: -Client refused to b	v with client #1 on 2/28/24 e interviewed.				
	Interview on 3/4/24 with client #1's legal guardian revealed: -She received a text message from the Qualified Professional on 2/23/24 that staff did not administer, "[client #1] his 4pm medication on 2/21/24." The name of the medication was not provided; -This was the only notification she had received from the facility about medication concerns within the last six months.					
	-Date of Admission -Diagnoses: Autism Disability, Mild; Cer Right Esotropia; Rig Cerebellar Atrophy; Immaturity; -Physician order da -Fluvoxamine (Moo Disorder) 50mg, tal -Baclofen (cerebral mouth three times o -Physician order da	n; Intellectual Developmental ebral Palsy; Strabismus with ght Esotropia, Severe; Gastrostomy tube; Extreme ated 7/27/23 as follows; od & Obsessive-Compulsive ke 1 tablet twice daily; palsy) 20 mg, take 1 tablet by				
	for December 2023 -Fluvoxamine was been administered -Baclofen was not o administered on the	documented as having been e evening of 2/29/24; ot documented as having been				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED									
					A. BUILDING:				A. BUILDING.		A. BUILDING:			R
		MHL049-145	B. WING			к 11/2024								
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE										
THE GRO	OVE		STNUT GROV /ILLE, NC 286											
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)								
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLE DATE								
V 118	Continued From pa	ige 3	V 118											
	Attempted interview on 2/28/24 with client #2 revealed: -Client refused to be interviewed.													
	-Date of Admission -Diagnoses: Intellet Severe; Autistic Sp Deficit Hyperactivity -Physician orders of -Multivitamin (supp tablet by mouth ond -Omeprazole 40 m mouth every morni -PEG3350 Powder 17 grams (1 capful of choice and take -Ursodiol 300 mg (I twice daily;	ctual Developmental Disability, ectrum Disorder; Attention y Disorder; lated 10/26/23 as follows: lement), chew and swallow 1 ce every day; g (stomach), take 1 capsule by ng; 510 grams (g) (laxative), mix) in 4 to 8 ounces (oz) of liquid by mouth twice daily; iver), take 1 capsule by mouth rograms (mcg) (supplement),												
	revealed: -"I was informed or receive his 4pm me	with client #4's legal guardian 2/23/24 that [client #4] did not edication on 2/21/24." She was acted her, and the name of not provided.												
	December 2023 re -Multivitamin and C documented as hav 12/8/23; -PEG3350 Powder were not document	meprazole was not ving been administered on , Ursodiol, and Vitamin D3												
	Interview on 2/22/2	4 and 3/4/24 with the Direct												

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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		MHL049-145	B. WING			R 11/2024
IAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
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	STIMMADY STA		/ILLE, NC 286	PROVIDER'S PLAN OF		(NE)
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V 118	Continued From pa	ge 4	V 118			
	were getting better; -The medications was wrong client. She was the specific medicat of the facility. Interview on 3/1/24 revealed: -The facility had a lais issues and concerns -The Care Manage Entity (LME)/Manage came to the facility and requested to re- fact find medication of his knowledge ar was administered to medication was pre- thinks [client #1] was was administered to -Client #1 was administered to -Client #1 was moriany ill side effects. Interview on 3/4/24 -" The immediate aggression, and co getting his medication having been administered to -No specific information having been administered to -No specific information -No specific information	wees with medications but staff vere not being administered, is being administered to the vas unsure of which client and tion because she was outside with the Program Manager of of new staff due to the is with medication; r from the Local Management ged Care Organization (MCO) in October or November 2023 eview the MARs. "She did in a error for [client #3] to the best and another client (client #1) he wrong medication. The liver escribed for [client #4] and he as the client the medication bo;" inistered Ursodiol (liver) 300 ation was not prescribed. The was unknown; nitored and did not result in with the LME/MCO revealed: a concerns is the escalation of ncerns of him (client #1) not ion;" ation was provided of client #1 istered the wrong medication.				

	of Health Service Re		1			APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL049-145	B. WING		R 03/11/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
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			/ILLE, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 289	Continued From pa	ge 5	V 289			
V 289	27G .5601 Supervis	sed Living - Scope	V 289			
Division of L	provides residential home environment these services is th rehabilitation of indi illness, a developm or a substance abu supervision when ir (b) A supervised liv the facility serves et (1) one or mo (2) two or mo Minor and adult clie same facility. (c) Each supervise licensed to serve a designated below: (1) "A" design serves adults whos illness but may also (2) "B" design serves minors whos developmental disa diagnoses; (3) "C" design serves minors whos substance abuse do other diagnoses; (5) "E" design serves adults whos	ng is a 24-hour facility which services to individuals in a where the primary purpose of e care, habilitation or viduals who have a mental ental disability or disabilities, se disorder, and who require in the residence. Ving facility shall be licensed if ither: ore minor clients; or ore adult clients. ents shall not reside in the d living facility shall be specific population as nation means a facility which e primary diagnosis is mental o have other diagnoses; nation means a facility which se primary diagnosis is a bility but may also have other nation means a facility which e primary diagnosis is a bility but may also have other nation means a facility which e primary diagnosis is ependency but may also have nation means a facility which se primary diagnosis is ependency but may also have				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED R
		MHL049-145	B. WING	·····		11/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From pa (6) "F" desigr	ge 6 nation means a facility in a	V 289			
	private residence, v three adult clients v mental illness but n disabilities, or three clients whose prima developmental disa other disabilities wh family provides the exempt from the fol .0201 (a)(1),(2),(3), (A),(B),(E),(F),(G),((18) and (b); 10A N (i); 10A NCAC 27G (a),(b); 10A NCAC 32 27G .0208 (b),(e); non-prescription me (1)(A),(D),(E);(f);(g) (b)(2),(d)(4). This f	which serves no more than whose primary diagnoses is nay also have other adult clients or three minor				
	facility failed to ens	et as evidenced by: view and interviews, the ure that services were only affecting 1 of 4 clients (#2).				
	-Date of Admission -Diagnoses: Autism Disability, Mild; Cer Right Esotropia; Rig	of client #2 record revealed: : 4/1/20; a; Intellectual Developmental ebral Palsy; Strabismus with ght Esotropia, Severe; Gastrostomy tube; Extreme				

If continuation sheet 7 of 10

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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THE GR	OVE		STNUT GROV /ILLE, NC 286			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETE DATE
V 289	Continued From pa	ge 7	V 289			
	-Age: 21; -No evidence of an	approved waiver.				
	from the Division of (DHSR) to the licen -"We just received a February 2023, whi will need to submit also includes a new Management Entity Organization (MCO waiver request and be waived. On the r	f an email dated 10/19/23 Health Service Regulation see revealed: a waiver request dated ch is over 6 months old. You a more current request, which / letter of support from Local (LME)/Managed Care). Please make sure the letter of support list all rules to revised request you need to ow for resubmitting."				
	2/16/23; -He received an em 10/19/23. The waive He did not complete	ed: iver request to DHSR dated nail from DHSR dated er request was "done wrong." e the waiver process. stitutes a re-cited deficiency				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observati	l its grounds shall be e, clean, attractive and orderly e kept free from offensive				

TATE BURKIT OF DEFICIENCIES (X) I PROVIDER/SUPPLEX[L] (X) IDENTIFICATION NUMBER (X)	Division	of Health Service Re	egulation			FORM	APPROVED
MHL049-145 9. WING 03/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 247 CHESTNUT GROVE ROAD THE GROVE SUMMARY STATEMENT OF DESIDENCES TATESTVILLE, NO 28625 PREVIDER'S FLAN OF CORRECTION (ADDRESS FLAN OF CORRECTION PRETA TAG PREVIDER'S FLAN OF CORRECTION (ADDRESS F	STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
B262ESTUDENCE POSSES (M) ID PREFIX SUMMARY STATEMENT OF DEFICIENCES ID PREFIX PROVIDERS PLAN OF CORRECTION (EACI DEPROVEMUST BE PRECEDED BY FULL PREFIX PROVIDERS PLAN OF CORRECTION SHOULD as (EACI DEPROVEMUST BE PRECEDED BY FULL PREFIX ID PREFIX Chronical Construction Should be (EACI DEPROVEMUST BE PRECEDED BY FULL PREFIX ID PREFIX Chronical Construction Should be (EACI DEPROVEMUST BE PRECEDED BY FULL PREFIX Computer (CASSA-REPROPRINT CONSTRUCTION SHOULD BE (EACI DEPROVEMUST BE DEMINIPHING INFORMATION) COMPUTER (CASSA-REPROPRINT CONSTRUCTION SHOULD BE (EACI DEPROVEMUST CONSTRUCTION SHOULD BE (CASSA-REPROPRINT CONSTRUCTION SHOULD BE (CASSA-REPROPROP			MHL049-145	B. WING			
The store STATESVILLE, NC 28625 (P01)D PRET/X TXG SUMMARY STATEMENT OF PRETENCIES (EXCUMPTOR, MARTY FREMENT OF PRETENCIES (EXCUMPTOR, MARTY STATEMENT OF PRETENCIES) (EXCUMPTOR, MARTY STATEMENT OF PRETENCES) (EXCUMPTOR, MARTY STATEMENT, MARTY STATEMENT, MARTY STATEMENT, MARTY STATEM	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Prégrix TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULTIONY OR LSCIDENTIFYING INFORMATION) PRÉTIX TAG (EACH CORRECTIVE ACTION SHOULD BE COOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 8 and orderly manner. The findings are: V736 V736 Observation on 2/27/24 at approximately 3:01 pm of the facility revealed: -The bottom kitchen cabinet door was broken approximately 12 inches; -No front panel on the middle drawer of the bottom cabinet; -Olient #3's bottom left panel of the closet door was cracked approximately two inches; -Peeling plaster over the tollet in the main bathroom approximately 12 inches, -There were 2 large areas of peeling paint approximately 5 K inches and several small areas in client #1's bedroom will to the right had two arease approximately binches of peeling paint approximately 5 K inches of peeling paint approximately 6 inches of peeling paint areas; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Supervisor revealed: -Staff Would write up the repair order and then maintenance would come to the facility. depending on what is needed with the other facilities. There was only one maintenance man for all the facilities. Interview on 2/28/24 with staff #1 revealed: -'' Thought the railing was repaired and a work order was submitted. Usually when things need to be repaired, they (staff) put in a work order,'' -The broken kitchen cabinet has been that way for approximately seven to eight months ago.	THE GR	OVE					
PREFIX TAG (EACH DEFICIENCY MILE THE PRECEDED BY FULL TAG PREFIX TAG (EACH CORRECTING ACTION SHOULD BE COOSS-REFERENCED TO THE ACTION SHOULD BE DEFICIENCY) CONSTRUCT ACTION SHOULD BE DEFICIENCY CONSTRUCT ACTION SH	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
and orderly manner. The findings are: Observation on 2/27/24 at approximately 3:01 pm of the facility revealed: -The bottom kitchen cabinet door was broken approximately 12 inches; -No front panel on the middle drawer of the bottom cabinet; -Client #3's bottom left panel of the closet door was cracked approximately to inches; -Peeling plaster over the toliet in the main bathroom approximately 12 inches; -There were 2 targe areas of peeling paint approximately 6 X 6 inches and several small areas in client #1's bedroom; -Client #1's bedroom; all to the right had two areas approximately 8 inches of peeling paint and several small areas; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Suppervisor revealed: -Staff would write up the repair order and then maintenance would come to the facility depending on what is needed with the other facilities. There was only one maintenance man for all the facility is. Interview on 2/28/24 with staff #1 revealed: -'' I thought the railing was repaired and a work order was submitted. Usually when things need to be repaired, firey (staff) put in a work order," - The broken kitchen cabinet has been that way for approximately a year; - The facility seven to eight months ago.	PRÉFIX				CROSS-REFERENCED TO THE APP		
Observation on 2/27/24 at approximately 3:01 pm of the facility revealed: -The bottom kitchen cabinet door was broken approximately 12 inches; -No front panel on the middle drawer of the bottom cabinet; -Client #3's bottom left panel of the closet door was cracked approximately two inches; -Peeding plaster over the toilet in the main bathroom approximately 12 inches; -There were 2 large areas of peeling paint approximately 6 X 6 inches and several small areas in client #1's bedroom; -Client #1's bedroom; -Client #1's bedroom; -Client #1's bedroom; -Client #1's bedroom; -Client #1's bedroom; -Client #1's bedroom; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Supervisor revealed: -Staff would write up the repair order and then maintenance would come to the facility depending on what is needed with the other facilities. There was only one maintenance man for all the facilities.	V 736	Continued From pa	ge 8	V 736			
of the facility revealed: -The bottom kitchen cabinet door was broken approximately 12 inches; -No front panel on the middle drawer of the bottom cabinet; -Client #3's bottom left panel of the closet door was cracked approximately two inches; -Peeding plaster over the tollet in the main bathroom approximately 12 inches; -There were 2 large areas of peeling paint approximately 6 X 6 inches and several small areas in client #1's bedroom; -Client #1's bedroom wall to the right had two areas approximately 8 inches of peeling paint and several small areas; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Supervisor revealed: -Staff would write up the repair order and then maintenance would come to the facility depending on what is needed with the other facilities. There was only one maintenance man for all the facilities. Interview on 2/28/24 with staff #1 revealed: -"I thought the railing was repaired and a work order was submitted. Usually when things need to be repaired, they (staff) put in a work order;" -The back porch yas phased and a work order was submitted. Usually when things need to be repaired, they (staff) put in a work order;" -The back porch yas used the table that way for approximately a year; -The facing of the kitchen cabinet was done approximately seven to eight months ago.		and orderly manner	r. The findings are:				
 approximately 12 inches; -No front panel on the middle drawer of the bottom cabinet; -Client #3's bottom left panel of the closet door was cracked approximately two inches; -Peeling plaster over the toilet in the main bathroom approximately 12 inches; -There were 2 large areas of peeling paint approximately 6 X 6 inches and several small areas in client #1's bedroom; -Client #1's bedroom wall to the right had two areas approximately 8 inches of peeling paint and several small areas; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Supervisor revealed: -Staff would write up the repair order and then maintenance would come to the facility depending on what is needed with the other facilities. There was only one maintenance man for all the facilities. Interview on 2/28/24 with staff #1 revealed: -'I thought the railing was repaired and a work order was submitted. Usually when things need to be repaired, they (staff) put in a work order;" -The facing of the kitchen cabinet was done approximately a yeer; -The facing of the kitchen cabinet was done approximately a yeer. 		of the facility reveal	ed:				
 -No front paniel on the middle drawer of the bottom cabinet; -Client #3's bottom left panel of the closet door was cracked approximately two inches; -Peeling plaster over the toilet in the main bathroom approximately 12 inches; -There were 2 large areas of peeling paint approximately 6 X 6 inches and several small areas in client #1's bedroom; -Client #1's bedroom wall to the right had two areas approximately 6 X inches of peeling paint and several small areas; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Supervisor revealed: -Staff would write up the repair order and then maintenance would come to the facility depending on what is needed with the other facilities. There was only one maintenance man for all the facilities. Interview on 2/28/24 with staff #1 revealed: -'' thought the railing was repaired and a work order was submitted. Usually when things need to be repaired, they (staff) put in a work order;" - The broken kitchen cabinet was done approximately a year; - The facing of the kitchen cabinet was done approximately a year; 							
-Client #3's bottom left panel of the closet door was cracked approximately two inches; -Peeling plaster over the toilet in the main bathroom approximately 12 inches; -There were 2 large areas of peeling paint approximately 6 X 6 inches and several small areas in client #1's bedroom; -Client #1's bedroom; -Client #1's bedroom wall to the right had two areas approximately 8 inches of peeling paint and several small areas; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Supervisor revealed: -Staff would write up the repair order and then maintenance would come to the facility depending on what is needda with the other facilities. There was only one maintenance man for all the facilities. Interview on 2/28/24 with staff #1 revealed: -"I thought the railing was repaired and a work order was submitted. Usually when things need to be repaired, they (staff) put in a work order;" -The broken kitchen cabinet has been that way for approximately a yeer; -The facing of the kitchen cabinet was done approximately seven to eight months ago.							
 was cracked approximately two inches; -Peeling plaster over the toilet in the main bathroom approximately 12 inches; -There were 2 large areas of peeling paint approximately 6 X 6 inches and several small areas in cilent #1's bedroom; -Client #1's bedroom wall to the right had two areas approximately 8 inches of peeling paint and several small areas; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Supervisor revealed: -Staff would write up the repair order and then maintenance would come to the facility depending on what is needed with the other facilities. There was only one maintenance man for all the facilities. Interview on 2/28/24 with staff #1 revealed: -" It bought the railing was repaired and a work order was submitted. Usually when things need to be repaired, they (staff) put in a work order;" -The facing of the kitchen cabinet was done approximately a yeer; -The facing of the kitchen cabinet was done approximately seven to eight months ago. 		bottom cabinet;					
 -Peeling plaster over the toilet in the main bathroom approximately 12 inches; -There were 2 large areas of peeling paint approximately 6 X 6 inches and several small areas in client #1's bedroom wall to the right had two areas approximately 8 inches of peeling paint and several small areas; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Supervisor revealed: -Staff would write up the repair order and then maintenance would come to the facility depending on what is needed with the other facilities. There was only one maintenance man for all the facilities. Interview on 2/28/24 with staff #1 revealed: -'' thought the railing was repaired and a work order was submitted. Usually when things need to be repaired, they (staff) put in a work order," -The facing of the kitchen cabinet was done approximately seven to eight months ago. 							
-There were 2 large areas of peeling paint approximately 6 X 6 inches and several small areas in client #1's bedroom; -Client #1's bedroom wall to the right had two areas approximately 8 inches of peeling paint and several small areas; -The facility siding in the back had a green colored moss growing on it; -The back porch ramp had missing railing on the left and right sides. Interview on 2/28/24 with the Direct Support Supervisor revealed: -Staff would write up the repair order and then maintenance would come to the facility depending on what is needed with the other facilities. Interview on 2/28/24 with staff #1 revealed: -"I thought the railing was repaired and a work order was submitted. Usually when things need to be repaired, they (staff) put in a work order;" -The broken kitchen cabinet was done approximately seven to eight months ago.		-Peeling plaster over the toilet in the main					
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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	E SURVEY PLETED					
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:								
		MHL049-145 B. WING		MHL049-145 B. WING		MHL049-145 B. WING		MHL049-145 B. WING			R 11/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE							
HE GRO	OVE		STNUT GROV								
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)					
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE					
V 736	Continued From pa	ige 9	V 736								
	revealed: -The maintenance 30 days. The old m	with the Program Manager man was hired within the last aintenance man was was unsure of when.									
		stitutes a re-cited deficiency									