

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl032-382</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DEVEREUX RESIDENTIAL SERVICES, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 CALLAHAN CIRCLE DURHAM, NC 27703</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on March 27, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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 interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 3/26/24 at approximately 9:40 AM revealed: -Client #3's bedroom-The upper portion of the window over the air conditioner (AC) unit had 2 cracks in the glass approximately two feet long. There was a 3rd crack in the glass approximately four feet long and a 4th crack approximately six inches long.</p> <p>Interview on 3/26/24 with staff #1 revealed: -She had not noticed there were cracks in the glass of client #3's window. -She confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.</p>	V 736		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	Continued From page 1  Interview on 3/26/24 with Administrator revealed: -She was readjusting the AC unit in client #3's bedroom and the window cracked. -That incident happened in October 2023. -She confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.	V 736		