

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/21/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM, INC./PARADIGM 4 KIDS 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3776 COUNTRYAIRE DRIVE AYDEN, NC 28513</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 21, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</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></p> <p>(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 was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 3/21/24 at approximately 10:58am revealed:</p> <ul style="list-style-type: none"> <li>-The microwave was cracked at the base in 2 areas.</li> <li>-The 3 bulb light fixture over the dining table had 1 that was not working.</li> <li>-Client #3's bathroom had a 3 bulb light fixture above the left sink that had 1 bulb not working.</li> <li>-The hall bathroom had a light switch plate cover that was cracked.</li> <li>-Client #2 had crayon marks in various colors on wall above bed and dresser, crayon marks on the back of the door; the bedroom door was separating.</li> </ul>	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	<p>Continued From page 1</p> <p>-Client #1's six drawer dresser was missing a knob on the top left drawer; there were black marks on the wall behind the bedroom door and beside the bed; paint was missing from the right side of the door under the door knob.</p> <p>Interview on 3/21/24 the Qualified Professional stated she understood the facility was required to maintain a safe, clean, attractive and orderly manner.</p>	V 736		