		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		F	2	
		MHL011-422	B. WING		1	4/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
INTERLUDE 32 CHILES AVENUE						
	OLIMAN DV OTA		LE, NC 2880			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	S	V 000			
		o and complaint survey was 4. Deficiencies were cited. unsubstantiated.				
	category: 10A NCA	sed for the following service C 27G .5100 Community r Individuals of All Disability				
	census of 1. The s	eed for 5 and currently has a urvey sample consisted of client and 2 former clients.				
V 732	27G .0303(a) Site L	ocation	V 732			
	EXTERIOR REQUI (a) Each facility sha (1) fire protection is (2) water supply, se disposal services ha local health departn (3) occupants are n pollutants that may health, safety, and	Il be located on a site where: available; wage and solid waste ave been approved by the nent; ot exposed to hazards and constitute a threat to their				
	failed to ensure clie hazards and polluta	et as evidenced by: ons and interviews, the facility nts were not exposed to ints that may constitute a n, safety, and welfare. The				

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

TITLE (X6) DATE

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-422	B. WING			R 04/2024
INTERLUDE 32 CHILES			DRESS, CITY, S S AVENUE LE, NC 2880	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 732	findings are: Observations on 3/3 the facility at approximate the bathroom share connected plumbing cabinet below the signification bucket and the bucket. Review on 4/1/24 or Codes: Residential Plumbing Requirem Connections to drai "Plumbing fixtures, appliances used to wastes or sewage sithe sanitary drainage premises" -1961 North Carolin 2002 Definitions: 63 device constructed or gas through a pipte flow of sewage drain that leads to the P-trap to keep their entering the room. Interview on 4/2/24 -The sink in her bat into the bucket sincular their plumbing under the sink. A plumber plumbing was old a since the sink in the plumbing was old as the same and the sink. A plumber plumbing was old as the same are since the sink. A plumber plumbing was old as the same are since the sink. A plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumbing was old as the same are sink as a plumber plumber plumbing was old as the same are sink as a plumber plumber plumbing was old as the same are sink as a plumber pl	ge 1 28/24 during walk through of kimately 4pm revealed: d by clients upstairs had no g underneath the sink. In the ink was a partially filled 5 he sink drained directly into f North Carolina State Building Code; Chapter 26 General hents Section P2601.2 hage system revealed: drains, appurtenances and receive or discharge liquid shall be directly connected to be system of the building or the passage of air or to prevent the passage of air or without materially affecting or wastewater through it." Any he sewer system needs a noxious sewer gases from with Client #1 revealed: hroom had always drained e she had been there. If the bucket sometimes. If with Staff #1 revealed: hroom had reported that the facility and could become a much ust clearing the drain.	V 732			

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VPSP11 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL011-422	B. WING		l l	R 04/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE			
INTERLU	JDE		S AVENUE LE, NC 28803	3			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
V 732	-There had been a bathroom sink for s -Had to empty the b -The clients didn't s Interview on 4/3/24 Professional reveal -The bucket had be Interview on 4/3/24 revealed: -The facility was an	4 with Staff #2 revealed: bucket under the client's everal months. bucket periodically. eem to mind. with the Qualified	V 732				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observation was not maintained and orderly manner Observation on 03/2 revealed: -The client's bathro areas of paint peelin near the door was a inches and another window approximation.	I its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: on and interview, the facility in a safe, clean, attractive	V 736				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:					
		MHL011-422	B. WING 04			R 4/ 04/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
INTERLU	JDE		S AVENUE LE, NC 2880	3			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 736	fabric. -Outside the back of the 4 outdoor chairs straps with no cush fixtures, one within bulb broken and the the socket. The oth bulb but was not wisides of the house piles of roofing shir removed from the rapproximately 5 fee approximately 12 fe partially covered tarpiles of shingles. A broken chairs (2 fol adirondack chair ar trash (pieces of foo cups) scattered around the proofing job was combut they never cam of this, the kids had take all the kids to the They were more may would have the broken chairs. The late major repairs and up. -Would have the broken picked up immore picked up imm	door to the deck revealed 2 of a had 1-2 broken vinyl seat ions. There were 2 flood light reach from the deck with 1 is jagged glass remaining in her fixture also had a broken thin easy reach. On both in the back yard, were large igles and nails that had been oof. One pile was set x5 feet and the other was set x 6 feet. There were resunderneath and beside the also in the yard, there were 4 ding chairs, wooden in a plastic chair) and paper did wrappers, paper plates, and. with the Qualified ed: ms with the landlord. The inpleted about 4 months ago is back to clean up. Because I no yard time. "We would the park (just a block away). In an ageable there." oken bulbs removed and the	V 736				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED		
						R	
		MHL011-422	B. WING			04/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
INTERLUDE			ES AVENUE LLE, NC 2880	13			
PREFIX (EAC	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
-Just wa	ed From paraiting to mo	age 4 ve to a new facility for n approval.	V 736				

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