		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	.
		MHL092-811	B. WING			5/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
A+ RESI	DENTIAL CARE	7609 FIES RALEIGH	TA WAY , NC 27615			
(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	rs	V 000			
	An annual and follo on 4/5/24. Deficien	w up survey was completed cies were cited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
		ed for 6 and currently has a urvey sample consisted of clients.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaster shall be held at least repeated for each see	an for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be at drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies.				
	failed to ensure fire	et as evidenced by: view and interview, the facility and disaster drills were held nd repeated for each shift. The				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
A. BUILDING:			R			
		MHL092-811	B. WING			5/2024
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
A+ RESI	DENTIAL CARE	7609 FIES				
			, NC 27615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	Review on 4/5/24 or 2024 fire drill log re- a fire drill was or 2pm, 1/21/24 7:05a a disaster drill vice 2/11/24 1:15pm, 1/5 5:00pm, 11/20/23 2 no fire or disast completed from January and the Qualified Potthe drills were takin wanted her to do the she couldn't go	f the facility's April 2023 - April vealed: completed 3/9/24 7am, 2/11/24 m, 12/15/23 4:03pm was completed 3/8/24 2:40pm, 5/24 4:00pm, 12/24/23 ::15pm ter drills documented as being nuary 2023 - November 2023 staff #1 reported: rofessional (QP) noticed that g too long to complete and em with less time back and re-do the ones she threw the 2023 fire and				
	a month ago - she went over to because she notice were taking too long- she was trainin fire drills and set a minutes (the average completed) was - She did not known away	cking over the fire drills about fire and disaster drills with staff at the fire and disaster drills go to complete go staff on the length of time for timer to show how long 15 ge time fire drills were being tow that the fire drills had been stitutes a re-cited deficiency				
V 736	10A NCAC 27G .03 EXTERIOR REQUI	ty and Grounds Maintenance 803 LOCATION AND IREMENTS If its grounds shall be	V 736			

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		R	
		MHL092-811	D. WING		04/0	5/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
A+ RESI	DENTIAL CARE	7609 FIES RALEIGH	, NC 27615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 2	V 736			
		e, clean, attractive and orderly e kept free from offensive				
	This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, and attractive manner. The findings are:					
	Observation on 4/5, revealed:	/24 at approximately 10:50am				
	on it - client #6's close wood - the attic door in the way and had gr - hallway bathrood dust around it - client #2's dres and several knobs - client #2's dres all the way - client #2 had 2 one was missing - client #1's light - client #1's bath buildup Interview on 4/5/24					
	- stated that the so he took it off and	closet door was "messed up" I maintenance came and got it nber when maintenance came				
	to the maintenance	staff #1 reported: ` e issues, she put in a request man and he normally came for emergencies, the same				

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STATE FORM 6899 6NS911 If continuation sheet 3 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-811	B. WING		04/0	5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
A+ RESI	DENTIAL CARE	7609 FIES				
			NC 27615			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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 736	Continued From pa	nge 3	V 736			
	day - client #6's room room and he had a were taken down w the spots were on t - the dressers in replaced the end of - she would call issues	n used to be a former client's lot of posters on the walls that when he moved and that's why the wall client #2's room would be f this month maintenance to fix all the				
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each factorstructed and equensures the physical visitors. (4) In areas (exposed to hot wat	acility shall be designed, juipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the ntained between 100-116 t.				
	Based on observatifailed to maintain with 100 - 116 degrees. Observation on 4/5 revealed: - kitchen water to Fahrenheit - bathroom water Fahrenheit	et as evidenced by: ion and interview, the facility vater temperatures between Fahrenheit. The findings are: //24 at approximately 10:50am emperature was 90 degrees r temperature was 90 degrees rooms water temperature was				

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Division of Health Service Regulation STATE FORM

6NS911 If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL092-811	B. WING			R 0 5/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
A+ RESI	DENTIAL CARE	7609 FIES RALEIGH	STA WAY I, NC 27615			
(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 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 752	94 degrees Fahren - meat thermome the water temperate Interview on 4/5/24 - she periodically temperatures - she used the tr gave her to check - She would have to turn the hot wate Interview on 4/5/24 reported: - confirmed that thermometer	heit eter that staff used to check ure staff #1 reported: v checked the water hermometer that the Licensee e to call the maintenance man	V 752			

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Division of Health Service Regulation STATE FORM

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