

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/17/2024
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NAME OF PROVIDER OR SUPPLIER THE VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3354/3362 FRONT GATE DRIVE (VARIOUS SUITES) GREENVILLE, NC 27834
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 17, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children.</p> <p>The facility is licensed for 31 and currently has a census of 11. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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 manner and shall be kept free from offensive odor.. The findings are:</p> <p>Observation on 4/17/24 at approximately 9:05am of the facility revealed: Section 3352 -Unit #22's stove had the top right element at the back missing; light over the sink not working; the living room window blind had 7 blind slats that were broken. There was an area in the drywall above the window that was chipped with paint missing; the carpet was dirty throughout; the bathroom had a 2 bulb light fixture with 1 bulb not working. -Unit #23 had a stove light that was not working.</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Unit #24's bathroom had 3 bulb light fixture with 1 not working. -Unit #7 carpet heavily stained throughout. -Unit #21 had a stove light not working; foul odor. -Unit #4 had smoke alarm that chirped every 3 minutes. -Unit #17 had various dark stained areas in the living room carpet. -Unit #15 had debris scattered on the floor an heavily stained carpet in the living area. <p>During interview on 4/17/24 Facility Manager stated: -A work order had been submitted for he smoke alarm.</p> <p>Interview on 4/17/24 the Program Director stated she understood the facility was required to be maintained in a safe, clean, attractive and odor free manner.</p>	V 736		