PRINTED: 04/30/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	COMPLETED	
		MHL0411091	B. WING		04	24/2024	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		1 04	24/2024	
TVAINE OF T	NOVIDER OR GOLF EIER		ARPE RIDGE RO				
SHEALY F	AMILY CARE		BORO, NC 2740				
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was 2024. Deficiencies we	s completed on April 24, ere cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.						
	_	d for 3 and currently has a vey sample consisted of ents.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736				
	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.						
	was not maintained ir findings are:	as evidenced by: n and interview, the facility n an attractive manner. The 24 between 11:22 am and					
	1" x 1" located on the closet and near a wal approximately 1" x 2" his closet. There were places approximately bedClient #2's bedroom left side of his wall whas approximately 6" -Client #3's bedroom	in size on the right side of e 2 plastered and unpainted 2" x 3"on his wall next to his had a large-sized hole in the nen entering his room that					

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411091	B. WING		04/24/2024	
	ROVIDER OR SUPPLIER	1333 SHAF	DRESS, CITY, STATE, ZIP CODE  RPE RIDGE ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
V 736	ROVIDER OR SUPPLIER  STREET ADDR  1333 SHARE  GREENSBO  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		V 736			

Division of Health Service Regulation

STATE FORM 6899 N4K711 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			,			
MHL0411091		B. WING		04/24/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
SHEALY F	AMILY CARE		RPE RIDGE RC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOU		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE	
V 750	Continued From page 2		V 750			
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems		V 750			
	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (3) Electrical, mechanical and water systems shall be maintained in operating condition.  This Rule is not met as evidenced by: Based on observation and interview, the water system was not maintained in operating condition. The findings are:  Observation on 4/24/24 between 11:22 am and 12:00 pm revealed: -In the upstairs client bathroom, both sinks had					
	Interview on 4/24/24 verevealed: -His backup staff did usinks had stopped uphave already had a pleady had a p	lack particles in the water.  with the AFL provider  not make him aware the this morning or he would lumber out here to unclog have poured something				

Division of Health Service Regulation

STATE FORM 6899 N4K711 If continuation sheet 3 of 3