STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
			B. WING		04	R 1/22/2024
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
URN ARG	DUND		TTEN COURT _L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	on 4-22-24. One con Intake #NC00215128 unsubstantiated (Inta Deficiencies were cit This facility is license	ed. ed for the following service 27G .1700 Residential				
	a census of two. The	ed for four and currently has survey sample consisted of clients and one former				
V 539	27F .0102 Client Rig	hts - Living Environment	V 539			
	uninterrupted sleep of hours, consistent with provided and the type (2) accessible for at least limited per determined inapprop habilitation team. (b) Each client shall his room, or his porti- with respect to choice and with respect for the	be provided: here conducive to during scheduled sleeping h the types of services being e of clients being served; and areas for personal privacy, riods of time, unless riate by the treatment or be free to suitably decorate on of a multi-resident room, e, normalization principles, the physical structure. Any bedom shall be carried out in				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-648	B. WING		R 04/22/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	סאווכ	9709 BA	TTEN COURT			
	JOND	MINT HI	LL, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
V 539	Continued From page	21	V 539			
	personal privacy were four clients (Client #1) Observation of the fac approximately 1:30pn -Bedroom #3 did Review on 4-1-24 of I Improvement System -3-17-24 Former and " kept throwing ro window." -3-7-24 Former O house down and was -3-7-24 Client #1 was kicking the walls. -3-6-24 Client #1	n, record review and y failed to ensure areas for e accessible effecting one of). The findings are: cility on 4-16-24 at n revealed: not have a door. ncident Response (IRIS) revealed: Client #3 "tore up room" ocks until she broke a Client #3 tried to burn the kicking wall. set the garbage on fire and				
	-Client #1 had rip weeks ago when she episode. -She could not re #1 had ripped the doo -The facility Exec Professional was awa on bedroom #3. -The girls did hav dress in. Interview on 4-15-24 for -It had been Form the door off, not her.	with Staff #1 revealed: oped the door off a few was have a bad behavior emember exactly when Client or off. cutive Director/Qualified are that there was no door ve a bathroom in the room to with Client #1 revealed: mer Client #3 that had ripped s in the bathroom.				

STATE FORM

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
MHL060-648		MHL060-648	B. WING		R 04/22/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
		9709 BA	TTEN COURT			
TURN ARG	UUND	MINT HI	LL, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 539	Continued From page	e 2	V 539			
	ripped off.					
	asked if she had ripp -Both Client #1 a caused a lot of destru -They just docur damage to the facility damage in the incide -They were in th repairs to the facility.	ofessional revealed: een upset when she was ed the door off. and Former Client #3 had uction to the home. mented that there had been y and did not detail the int reports. e process of making multiple				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		-				
	dark substances alor had paint on it; the an patched and painted countertops were chi	m revealed: or frame was chipped with ng the edges; the light switch rea over light switch was				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
	MHL060-648		B. WING		04	R 1/22/2024
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
TURN ARC	DUND		ATTEN COURT			
1		MINT HI	LL, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	e 3	V 736			
	four completely crack	ked tiles and 1/4 of one tile				
		oor had dark smears around				
		the bottom of the door;				
	pantry door frame ha					
	• •	long; the refrigerator door				
		own; the side outside door				
		each approximately 6 inches and the bottom of the door				
		hat had not been painted;				
		outside door frame was				
		out painted). The top of				
	pantry door frame was dented and hanging loose; the wall beside the kitchen table had a brown					
	stringy substance and dark spots that had dripped and dried, two dark streaks					
		es long, and more dark				
	• •	rail; the window curtain had				
		es on it; and the baseboard				
		ne living room had dark,				
	ground in substances					
	•	ne bent air vent on the floor;				
	U	ots (approximately 1 inch				
	÷ .	I small dark smudges on the				
	,	the living room: ten dried				
	5	ick fireplace; a patched hole				
	-	es round, unpainted, and				
	-	rough on the far wall; several dark spots and smudges on the right wall walking from the				
		ole, unpainted, on the same				
	•	inches round; the bottom of				
		ard had a white, dried drip				
	approximately 2 inch	•				
		e bottom of the wall; black				
		e of a heart on the same				
		ainted hole approximately 6				
		n the wall leading to the				
		was missing patch of paint				
	approximately 2 feet					
		roximately 1/3 of one of the				
	2 11					

STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED			
		MHL060-648	B. WING		04	R / 22/2024			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
		9709 BA	TTEN COURT						
	OUND	MINT HI	LL, NC 28227						
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)			
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE			
V 736	Continued From page	e 4	V 736						
	door frame approximately 1 inch long; long dark								
		3 inches long on the wall;							
		paint on the door frame							
		missing ceiling molding							
	approximately 2 inche								
	-Hallway: on the	right side a large patched							
	area approximately 1	foot by 2 feet, painted but							
	rough; writing on the	wall with clients names;							
	large dark smudge ap	oproximately 3 inches long;							
		nted but rough were on right							
	side approximately 6								
	-	ing off the wall; left side had							
		roximately 2 feet by one foot							
		e; more dark streaks; both							
	-	o back bedrooms had dark							
		on the frames; the back							
	-	arkings on the wall; multiple							
	patched areas both la	•							
		small, unpainted, patched							
		; a patched area on the left							
		by 2 inches; two patched							
		e, one approximately 3 by 3							
		nately 1 foot by 3 inches;							
		inted, but rough, area on left							
	wall approximately 2	two patches, not painted,							
	one approximately 2								
		inch; patched area on wall							
		oximately 3 by 3 inches, with							
		dowsill had dark, ground in							
		broken; purple substance in							
		gle approximately 2 feet by							
	-	nting in the shapes of hearts							
		bed; area patched and							
		proximately 4 by 4 inches							
		patched, painted but rough							
		eximately 6 by 6 inches.							
		the right, a large patch of							
	paint peeled off the w								
		by 1 foot; patched and							
	alth Service Regulation		1						

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL060-648	B. WING		R 04/22/2024	
	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	•	-
URN ARO	UND		LL, NC 28227			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET
V 736	Continued From page	e 5	V 736			
	painted, but rough an	ea on wall next to closet				
	approximately 1 foot					
		the door frame had dark				
		o it; the cabinet was missing				
		inet door was missing a				
		t was loose; the wall had				
		wall next to the sink; there				
	was a dark substance on the shower curtain.					
	-Bedroom #3: a l	large blue substance with				
		Il next to the left of doorway				
	with the drips going to the floor; a hole in one					
		6 by 3 inches; more blue				
	substance streaked a	along wall next to the closet;				
	a patched hole appro	eximately 3 by 3 inches				
	beside the closet; drie	ed drips of light colored				
		d over the patch; more blue				
		wall; one window has				
		neared over it, with a partial				
		ne curtain holder, the other				
		sing; wall behind the 1st bed				
		olue , and black markings on				
		nissing both of the drawers;				
		g sideways and partially				
	•	dow; window over side yard				
		r window, which was not				
		inside; a patched hole on				
		window approximately 6 by 3				
		paint approximately 3 inches				
	on the wall next to the	n door; dark spots and stains				
		the shower curtain had a				
		t; the inside of the shower				
		with a dark a substance				
		with a dark a substance wed); grout was dark and				
	•	l toilet had brown and black				
		por and wall; the sink had				
		white substances,was				
	cracked and had hair					
		had white streaks running				
		ed drawers; a large area				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
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IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	DUND		TTEN COURT LL, NC 28227			
0(1) 15	STIWWADA S.	TATEMENT OF DEFICIENCIES	,	PROVIDER'S PLAN C		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pag	ie 6	V 736			
	over the sink was wh	nite, which was not the color				
		hroom; a patched hole on the				
		nall smudges on the walls;				
		had multiple dark streaks				
		aper towel holder had broken				
		between the right wall and				
		ely 2 feet by 1/2 inch.				
	-Office area: patched hole, painted, but rough					
	approximately 1 foot by 1 foot.					
	-Outside: the ou	itside back window had an				
	orange substance covering the top of the window;					
	there was writing on the wall stating "I (heart)					
	princess"; the back deck had 2 broken boards,					
	leaving 2 holes each approximately 6 inches by 1					
	foot, the railing was l	loose and wobbly, and the				
	deck had several "sp	oongy" boards.				
	Interview on 4-15-24 with Client #1 revealed:					
	-She thought the have any problems.	e house was "OK" and didn't				
	Interview on 4-16-24	with Client #2 revealed:				
	-The holes at th	e facility were all getting				
	patched up.					
		with Client #4 revealed:				
	-She kept her ro					
	-There are no h	oles in the wall in her room.				
		with Staff #1 revealed:				
		Director/Qualified				
		ently finished fixing all the				
	windows.					
	-The clients had	l chores to keep things clean.				
	Interview on 4-15-24	with Staff #2 revealed:				
	-"What you see	is in plain site." (referring to				
	the condition of the f					
		nad chores to help keep the				
	facility clean.		1			

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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MHL060-648		MHL060-648	B. WING		R 04/22/2024	
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V 736	Continued From page	e 7	V 736			
	-Some staff go over the facility after the clients do their chores to make sure it is clean.					
		with Staff #3 revealed: ad just been replaced.				
	Interview on 4-15-24 with Staff #4 revealed: -She had been working at the facility approximately 2 months. -All of the windows had been replaced since she has been there, but that is all she knows. -"The place is clean, overall." -The Executive Director/Qualified Professional had told her that he would be making more repairs, but didn't tell her the details.					
	Interview on 4-15-24 revealed:	with a local police officer multiple issues such as s dirty."				
	facility, and they had -The client that t March 2024 had caus -The landlord wil -They stress clea					
	This deficiency has b the original cite date	been cited four times since of 3-22-22.				
	-	f the Plan of Protection gned by the Executive ofessional revealed:				

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TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		A. BUILDING:			
MHL060-648		B. WING		04	R // 22/2024
AME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
URN AROUND					
		LL, NC 28227			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736 Continued From page	je 8	V 736			
 ensure the safety of New Place will conta 04/19/2024 to make tape off the back dea rotten and broken bor replaced and secure Describe your plans happens. Executive Director w scheduling a deep of 4-21-24 to include se molding, refrigerator Director [Executive I routinely used handy the wall to be sand a be replaced within the Review on 4-22-24 of Protection emailed of Director/Qualified Pr " What immediate ad ensure the safety of New Place will cont 04/19/2024 to make tape off the back dea rotten and broken bor replaced and secure no later than 04/22/2 Describe your plans happens. Executive Director w 	to make sure the above <i>i</i> II be responsible for leaning to be completed on crubbing the walls and , counters and etc. Executive Director] will contact the yman to address the holes in and painted. Broken doors to he next five calendar days." of the amended Plan of on 4-22-24 by the Executive rofessional revealed: ction will the facility take to the consumers in your care? act [Handyman service] on necessary repairs and will ck to prevent access until bards and rails can be ed. The deck will be roped off 2024. to make sure the above <i>i</i> II be responsible for leaning to be completed on				

				(X3) DATE SURVEY COMPLETED		
				A. BUILDING:		R
MHL060-648		MHL060-648	B. WING		04	4/22/2024
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V 736	Continued From page	e 9	V 736			
	handyman, [Handym holes in the wall to be holes will be sanded 04/29/2024. The brok replaced by 04/26/20 The facility had been continued to have iss cleanliness, damages minimally repaired, a included trip hazards floor tiles and spongy This deficiency const which is detrimental t	ken bedroom door is to be 124. " n cited 5 times in a row and				