STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R		
		MHL092-811	B. WING		04/05/2024		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE		
V 000	INITIAL COMMENT	-S	V 000				
	on 4/5/24. Deficien  This facility is licens category: 10A NCA Living for Adults wit  The facility is licens	sed for the following service C 27G .5600A Supervised h Mental Illness. ed for 6 and currently has a urvey sample consisted of					
V 114	10A NCAC 27G .02 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 lease repeated for each seconder conditions the	ncy Plans and Supplies 07 EMERGENCY PLANS In for each facility and plan shall be developed and by the appropriate local  The made available to all staff produces and routes shall be an order of the developed and routes are developed and routes and routes shall be an order of the developed and routes are developed at simulate fire emergencies. It have basic first aid supplies	V 114	Paper work was misplaced staff and was archived by mistake but we have the missing drills from January 2023 to November 2023. We have addressed the is going forward making sure documentation is in order available.	y sues e all		
	failed to ensure fire	et as evidenced by: view and interview, the facility and disaster drills were held ad repeated for each shift. The		RECEIVED B' 5/3/24	Y MHL & C		

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(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		0.11	
(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 Jar Interview on 4/5/24 the Qualified Protection that the 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		
					1	R	
		MHL092-811	B. WING 04/0		5/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
A+ RESI	DENTIAL CARE	7609 FIES					
	T		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 CORRECTION  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROPROPERTY)	D BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 2	V 736				
		e, clean, attractive and orderly e kept free from offensive					
		on and interview, the facility I in a safe, clean, and					
	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 bathroo 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	et door had a missing piece of a the hallway did not close all ay masking tape lifting off of it om's light fixture had a lot of ser had 2 missing drawers missing off of drawers sers top drawer wouldn't close bifold doors on his closet and in the ceiling didn't work room light fixture had dust client #2 reported: closet door was "messed up" d maintenance came and got it inber when maintenance came		We hired a contractor to take care of all the repairs. Client # 6 room was all repairs with new closet doors as we fact we replaced all client's closet doors for new ones.  The attic door was replaced new one.  Hallway bathroom light fixtucted and free of dust and of the clean and free of dust and of the closet doors.  Client # 2 room we replaced dresser for a new one as we new closet doors.  Client # 1 light has been fix and its operational now,	aired ell, in d by a ure is dirt. d the ell	05/01 /2024	
	and got the closet of Interview on 4/5/24 - for maintenance to the maintenance	door		Client # 1 bathroom light fix has been cleaned.	tture		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-811	B. WING		04/0	R <b>15/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
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 t issues This deficiency con	n used to be a former client's lot of posters on the walls that hen he moved and that's why he wall client #2's room would be this month maintenance to fix all the stitutes a re-cited deficiency	V 736	Client # 6 room spots on twall have been fixed,	the	05/01 /2024
V 752	and must be corrected within 30 days.  27G .0304(b)(4) Hot Water Temperatures  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. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain water temperatures between 100 - 116 degrees Fahrenheit. The findings are:  Observation on 4/5/24 at approximately 10:50am revealed:  - kitchen water temperature was 90 degrees Fahrenheit  - bathroom water temperature was 90 degrees		V 752	Water temperature has been adjusted to through out the facility to reflect the required temperature.		05/01 /2024
	Fahrenheit - client #1's bath	rooms water temperature was				

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL092-811	B. WING			R 0 <b>5/2024</b>	
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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