STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-203	A. BUILDING: _____ B. WING _____	R 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL WINGS GROUP HOME	7004 SUMMITT DRIVE GOLDSBORO, NC 27530

(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	INITIAL COMMENTS An annual and follow up survey was completed on May 10, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Ilness. This facility is licensed for 5 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems 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 facility failed to ensure the facility's water systems were maintained in a operating condition. The findings are: Observation on 5/10/24 between 10:15 am - 11:00am during a tour of the facility revealed: -The hot water faucet at the bathroom sink, in the bathroom between the client bedrooms, did not work.	V 750		

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V 750	Continued From page 1 Interview on 5/10/24 the Director stated: -The pipe had recently burst under the sink. -He needed to replace the pipe.	V 750		