

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-389	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2024
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NAME OF PROVIDER OR SUPPLIER WAKE COUNTY GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4808 WHITEHALL AVENUE RALEIGH, NC 27604
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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 5/16/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 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</p> <p>(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 record review and interview the facility failed to maintain the grounds in a safe manner. The findings are:</p> <p>Observation on 5/9/24 at approximately 10:00am: - the carpet outside of the men's bathroom door and hot water heater closet was warped and had white stains</p> <p>Interview on 5/9/24 the House Assistant Mentor reported: - they notified the property manager after the last survey about the wet stain on the floor outside of the hot water room, and the property manager said that they were going to send someone out - someone came out and looked at it and put a new drain on top of the old drain that was leaking</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"> - clients couldn't use the men's bathroom for awhile because the shower started leaking again about 30-40 days after it was fixed in 2022 - they had been dealing with this ever since the last survey - they had called the property manager about 3 or 4 times and have emailed them, but it still hasn't been fixed - maintenance came out last week and tried calling the property manager again to see what they needed to do to repair the leak <p>Interview on 5/9/24 the Administrator/Qualified Professional reported:</p> <ul style="list-style-type: none"> - since the last survey, he had been emailing the property manager about repairing the leak and carpet - the property manager had someone come out to repair it but it started leaking again a couple of months later - they believe it's the lining in the drain of the shower in the men's bathroom and they had the person that initially repaired it come back out but it was still doing the same thing - no need in repairing the carpet if it is still leaking - he was in the process of getting 3 quotes from plumbers because he received approval from the property manager to get the quotes - they had worked it out where the Licensee would pay for the repairs and the property manager would pay them back <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		