

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/24/2024
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NAME OF PROVIDER OR SUPPLIER HEALTH DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 1320 HEALTH DRIVE NEW BERN, NC 28560
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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>A complaint survey was completed on May 24, 2024. The complaint was substantiated (intake #NC00217097). A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.</p> <p>This facility has a current census of 28. The .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities has a current census of 0 and the .5400 Day Activity for Individuals of all Disability Groups has a current census of 28. The survey sample consisted of audits of 3 current Day Activity for Individuals of all Disability Groups.</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 observation and interview, the facility was not maintained in a clean, attractive, safe and orderly manner. The findings are:</p> <p>Observation on 5/23/24 at approximately 11:05am and 5/24/24 at approximately 12:30pm revealed:</p> <p>- The garage area had debris, dust, and food</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> <p>particles throughout on the floor; A wooden shelf located at the back contained wood of varying sizes that had not been used by the clients.</p> <ul style="list-style-type: none"> - The library had dust, debris and food particles scattered throughout the floor. - The client area with the pool table had scattered debris, dust and food particles throughout the floor. The wall beside the sink had 2 white plastered areas each approximately 6 inches wide. - The sensory room had scattered debris, dust, paper throughout the floor and behind the furniture; there was a dead spider on the floor. - The kitchen had dead crickets and dead spiders behind the copier and behind the trash bin beside the window. There was scattered debris and small food particles on the floor. - The entrance area and the client area had several areas of two-toned paint that was various sizes. <p>Interview on 5/24/24 the Community Engagement Team Leader stated:</p> <ul style="list-style-type: none"> - The employee who normally cleaned the facility had been out sick. - The facility is currently getting quotes to have professional deep cleaning completed every 6 months. - The facility has received approval to have the inside painted. - The facility is on a monthly routine maintenance treatment schedule with a local pest control company. - The local hospital owned the building and left the wood inside. He would consult with leadership about the wood. 	V 736		