Division of Health Service Regulation

From: Morris Thomas

PRINTED: 05/29/2024 FORM APPROVED

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 05/16/2024	
		MHL092-389	B. WING			
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		***************************************
WAKE C	OUNTY GROUP HOM	H #7	TEHALL AV , NC. 27604	ENUE	e e e e e e e e e e e e e e e e e e e	
(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 COMMENT	S	V 000	Al for which	иныя <u>прэзду</u> пе <u>циу</u> рууду дай компонивайс	
	An annual and follo on 5/16/24. A defici	w up survey was completed ency was cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disability.				
·		ed for 6 and currently has a irvey sample consisted of clients.	***************************************		sutur til tre	06/15/2024
V 736	27G .0303(c) Facilit	y and Grounds Maintenance	V 736	V736 -Carpet outside of mens bathroom doo	r has beer	
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive		cleaned with no visable stains and con- been comissioned to repair leak in bath. To prevent future occurances Clinical to complete monthly environmental assess ensure any needed repairs has been countries and or addressed. Clinical team will do concerns and forward to the ARC of No.	nroom. eam will sents to orrected ocument	
		et as evidenced by: view and interview the facility e grounds in a safe manner.				
	- the carpet outsi	24 at approximately 10:00am: de of the men's bathroom heater closet was warped and				
	reported; - they notified the last survey about th outside of the hot w	the House Assistant Mentor e property manager after the e wet stain on the floor rater room, and the property hey were going to send				
		out and looked at it and put a the old drain that was leaking		Morris Thomas Or, Adminis	trator	06/06/2024
	ealth Service Regulation DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGI	VATURE	TITLE		(X6) DATE

STATE FORM

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If continuation sheet 1 of 2

Division of Health Service Regulation

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From: Morris Thomas

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	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL092-389	B. WING		05/1	≀ 6/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, 8	STATE, ZIP CODE			
WAKE C	OUNTY GROUP HOM	E #2	TEHALL AVI	ENUE			
·····		RALEIGH,	NC 27604		····		
(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 SHOUL CROSS-REFERENCED TO THE APPROVIDERICENCY)	ION SHOULD BE COMPLETE HE APPROPRIATE DATE		
V 736	Continued From page 1		V 736	The state of the s	***************************************		
V 736	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 736				
		A CONTRACTOR OF THE CONTRACTOR					