STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-901	A. BUILDING: _____ B. WING _____	R 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEURO RESTORATIVE - WINDEMERE	3601 WINDEMERE PLACE 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, follow up and complaint survey was completed on May 28, 2024. Complaint Intake #'s 00215944 and 00216139 were unsubstantiated. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the home was maintained in a safe and attractive manner. The findings are: Observation on 5/22/24 at 1:30 PM revealed: -Hallway bathroom faucet was loose and could not be determined if it was on hot or cold water. -Second hallway bathroom faucet was loose at the base. Interview on 5/22/24 The Program Director stated: -Was not aware there were issues with the bathroom faucets. -Will put in a maintenance order to have those repaired.	V 736		

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NEURO RESTORATIVE - WINDEMERE	**3601 WINDEMERE PLACE RALEIGH, NC 27604**

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