

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2024
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NAME OF PROVIDER OR SUPPLIER MASSEY DEAL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 333 MASSEY DEAL STATESVILLE, NC 28625
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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 survey was completed on June 12, 2024. 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 Disabilities.</p> <p>This facility is licensed for 4 and has a current census of 4. 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 observations and interviews, the facility and its grounds were not maintained in a safe and attractive manner. The findings are:</p> <p>Observations on 6/12/24 at 3:38pm of the facility revealed:</p> <ul style="list-style-type: none"> -There were damaged floor tiles next to the toilet in the hall bathroom -There were cobwebs built up at the exterior siding and trim -The front door was rusting on the exterior side of the door -Damaged screens on the front side of the house -The wall was damaged behind the hall bath toilet -The flooring in the front hall bath flooring was torn at the toilet -Client #1's bedroom floor had a burn from an iron 	V 736		

Division of Health Service Regulation 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>-The carpet throughout the facility was puckered, had loose fibers and was stained.</p> <p>Interview on 6/12/24 with client #1 revealed: -"I need new carpet. It has been stained since I got here (8/8/06)."</p> <p>Interviews on 6/12/24 with staff #1, #2 and #3 revealed: -There were issues with the tile flooring in both of the bathrooms -The carpet needed to be replaced.</p> <p>Interview on 6/12/24 with staff #4 revealed: -Had worked for 27 years at this facility -"The carpet was replaced the first time due to bleach around the edges of it." -"That was approximately 20 years ago." -"The second time (the carpet was replaced) was due to the loose fibers that were catching on the clients' walkers." -"I was afraid they (the clients) would trip and fall." -"The iron burn (in client #1's bedroom) was from a previous client and that was over 18 years ago." -"The flooring in the bathroom was replaced one time approximately 18 years ago. We have been asking for it to be fixed. We have turned in paper work for the repairs to be done."</p> <p>Interview on 6/12/24 with the Qualified Professional revealed: -Had only worked for the Agency for six months -"I know we have discussed having the carpet replaced and the bathrooms repaired."</p>	V 736		