PRINTED: 06/13/2024 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION (X3	(X3) DATE SURVEY COMPLETED	
		MHL049-073	B. WING		06/12/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE		
MASSEV	DEAL HOME	333 MAS	SEY DEAL			
MAGGE 1		STATES	VILLE, NC 2862	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000			
	An annual survey wa 2024. A deficiency w	as completed on June 12, ras cited.				
	category: 10A NCAC	ed for the following service 27G .5600C Supervised Developmental Disabilities.				
		ed for 4 and has a current vey sample consisted of ients.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	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 observations and interviews, the facility and its grounds were not maintained in a safe and attractive manner. The findings are: Observations on 6/12/24 at 3:38pm of the facility revealed: -There were damaged floor tiles next to the toilet in the hall bathroom -There were cobwebs built up at the exterior			V736 The Business Manager and Regior Administrator will schedule quotes have the flooring replaced. The quo will be sent to corporate to select a vendor and the floors will be replace throughout the whole home. The	e quotes to f. The quotes o select a be replaced	
				clinical team will monitor for damag and environmental issues through environmental assessments 1x per month for a period of one month ar then on a routine basis. In the futur	nd	
				the Qualified Professional will ensure any needs of the home are communicated to the Regional Administrator.	ire	
	siding and trim -The front door was i the door	rusting on the exterior side of				
	-The wall was damag -The flooring in the fr torn at the tollet -Client #1's bedroom	on the front side of the house ged behind the hall bath toilet ront hall bath flooring was floor had a burn from an				
	Iron Ith Service Regulation DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE (0/2.ch	(X6) DATE	



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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:			(X3) DATE SURVEY COMPLETED 06/12/2024	
		B, WING	06				
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
MASSEY	DEAL HOME		SSEY DEAL VILLE, NC 28625				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From page 1		V 736				
	-The carpet throughout the facility was puckered, had loose fibers and was stained.						
	Interview on 6/12/24 with client #1 revealed: -"I need new carpet. It has been stained since I got here (8/8/06)."						
	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 t	·					
	-Had worked for 27 y -"The carpet was rep bleach around the ec -"That was approxim -"The second time (th	laced the first time due to lges of it."					
	-"I was afraid they (th -"The iron burn (in cli a previous client and -"The flooring in the l time approximately 1	e clients) would trip and fall." ent #1's bedroom) was from that was over 18 years ago." bathroom was replaced one 8 years ago. We have been ed. We have turned in paper o be done."					
		d: the Agency for six months cussed having the carpet					

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If continuation sheet 2 of 2