

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-901</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/28/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEURO RESTORATIVE - WINDEMERE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 WINDEMERE PLACE RALEIGH, NC 27604</b>
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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><b>INITIAL COMMENTS</b></p> <p>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.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></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 interviews the facility failed to ensure the home was maintained in a safe and attractive manner. The findings are:</p> <p>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.</p> <p>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.</p>	V 736	<p>Both of the faucets were tightened and fixed by June 14, 2024. Program Director and Program Manager made aware of need to check faucets. These will be checked monthly during monthly Environmental Inspections. Environmental Inspections are reviewed each month by Program Director and QI Director to ensure all deficiencies are identified and corrected.</p>	6/14/24

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Donnell Jefferson*

TITLE

*Program Director*

(X6) DATE

*6/25/2024*

Division of Health Service Regulation

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