Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL032-440		B. WING		I	R-C 06/28/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE				
SECURING RESOURCES FOR CONSUMERS, II 1809 COLLIER DRIVE								
0/0.15	DURHAM, NC 27/07							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	CTION SHOULD BE COMPLÉTE O THE APPROPRIATE DATE			
V 000	INITIAL COMMENT	rs	V 000					
	on June 28, 2024.	take #NĊ00218608).						
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.						
		ed for 3 and currently has a urvey sample consisted of clients.						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736					
	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						
		on and interview, the facility lin a safe, clean, attractive						
	Area revealed: -Paint was peeling (desk area.)	8/24 at 10:30 am of the Dining off on the wall near the nook I water stains and cracks						
	Observation on 6/20 Room revealed:	and the dining area. 8/24 at 10:33 am of the Living						
		oatch-up work on large wall on to be repaired again. Wall was peeling off.						

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BUILDING:				
		MHL032-440		B. WING			-C 28/2024	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SECURING RESOURCES FOR CONSUMERS, II 1809 COLLIER DRIVE DURHAM, NC 27707								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From page 1			V 736				
	-The ceiling showed an old water stain.							
	Kitchen revealed: -Countertop in fron -Paint on walls was -There were old wa Observation on 6/2 Bathroom revealed -Paint was peeling and on wall next to used to beBathroom did not -Entrance door to t	off on wall behind the the toilet where tissu have a tissue holder. he bathroom looked at chipping in differen	al areas. ng. the Hall e toilet ue holder worn					
	Bathroom inside Be-Paint was peeling shower rodPaint was peeling sinkDoor to the bathrohad paint chipping back side.)	off on walls of each of off on wall between to seemed worn do off in different areas	end of the toilet and own and (front and					
	facility's Entrance of -Front door seeme	28/24 at 10:43 am of door revealed: d worn down and had rent areas (front and	d paint					
	revealed: -He still had the pic survey which were repairsHe knew that the I	24 with the Superviso ctures he took during submitted to administandlord of the facility making needed rep	the last stration for had not					

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STATE FORM FKVK11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		MHL032-440			R-				
NAME OF F	PROVIDER OR SUPPLIER								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1809 COLLIER DRIVE PURILAM NO 07707									
DURHAM, NC 27/07									
(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 736	Continued From page 2		V 736						
	-He did not know th would be made by t	ne status of when and if repairs the landlord.							
	Developmental Disa-All items that had a submitted to the lare. They may be looking to get the things do reported that it was wanting and willing. They had been ver	ng for further actions in order ne. as a challenge to have folks to rent to a group home. ry patient with the landlord. some of the things that could							
	do.	up the things that they could s were the landlord's							
	This deficiency con- and must be correc	situtes a re-cited deficiency sted within 30 days.							

Division of Health Service Regulation STATE FORM

FKVK11 If continuation sheet 3 of 3