Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
MHL0411091		B. WING	B. WING				
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, ST				
SHEALY	SHEALY FAMILY CARE 1333 SHARPE RIDGE ROAD GREENSBORO, NC 27406						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	ſΕ	
V 000	INITIAL COMMENTS		V 000				
	2024. Deficiencies we This facility is licensed	I for the following service					
	category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.			RECEIVED			
		for 3 and currently has a ey sample consisted of		JUL 19 2024			
				DHSR-MH Licensure Sect			
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 interview, the facility was not maintained in an attractive manner. The findings are: Observation on 4/24/24 between 11:22 am and 12:00 pm revealed:  -Client #1's bedroom had a hole approximately 1" x 1" located on the bottom left side near his closet and near a wall outlet, and a hole approximately 1" x 2" in size on the right side of his closet. There were 2 plastered and unpainted places approximately 2" x 3"on his wall next to his bed.  -Client #2's bedroom had a large-sized hole in the left side of his wall when entering his room that was approximately 6" x 4".  -Client #3's bedroom had a hole in his room approximately 1" x 1" near his closet, 1 hole		V 736	Measures to correct- AFL Provider planand painted all holes in the walls throu the home. The toilet tissue brackets in upstairs bathroom were replaced, the cin one of the consumers' rooms was trained painted appropriately, and the knob on the vanity in one of the codrawers has been replaced. The AFL Fhas also cleaned the substance from a the bathtub and is looking into how to fix the wall paint that is peeling around the shower.  Measures to prevent- The AFL Provided do routine walkthroughs /cleaning throothe home 2 times a week, checking corrooms, all bathrooms, and common are checking for any loose/stained item thaneeds to be replaced/ cleaned. To prevholes being put into the walls, the AFL Provider must follow each consumers crisis plan in their ISP/ BSP.  Who will monitor & how often- CANC Cand AFL Provider, will monitor the upker of the home for any property destruction and/or cleanliness on a routine basis. Of Monitoring will take place once a month during monthly walkthrough visits.  Date of completion- May 7, 2024	ghout the peliing peated Insumers Provider round properly  r will ughout nsumers as t reent  Peep n P	24	

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

TITLE

(X6) DATE

N4K711

Division of Health Service Regulation STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0411091	B. WING		04/24/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		1/1024	
SHEALY	FAMILY CARE		RPE RIDGE ROAD				
			ORO, NC 27	406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			BE	(X5) COMPLETE DATE		
	approximately 1" x 1" window and another hear his electrical wall brownish colored substanches in length from I whitish colored substanches in length below the brown-The clients' upstairs beloose drawer on the length beside the toilet was in bracket.  The bathtub bottom hear substance approximate around the drain area stub.  Wall paint was peeled surround on the top side surround on the top side surround on the top side surround dressers out from the caused about two weels moved dressers out from the top side surround the drain area stub.  The paint was peeled surround on the top side surround on the top side surround on the top side surround dressers out from the paint of the paint of the totally agreed the hear of the paint of the p	underneath his bedroom lole approximately 1" x 1" loutlet. There was a stance approximately 2 left ceiling corner and a lince approximately 2 feet in linish colored substance. In the vanity had a lift side with a missing knob. It is attached to the vanity linissing the rod and 1 lead a brownish-red lely 2 feet in length and loward the middle of the laway from the shower lift the AFL provider lift the AFL provider lift the dient bedrooms were less ago when his nephew lom the clients' rooms to lin Client #1's bedroom less 2020. Client #3's bedroom wall lyed for spiders. In less needed to be like sure the repairs were litting the clients new litting issue. little had, vanity and toilet	V 736				

N4K711

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) P

AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G:	(X3) DATE COMP	SURVEY LETED
			MHL0411091	B. WING		04/	24/2024
SHEALY FAMILY CARE 1333 SHAI				DRESS, CITY, STATE, ZIP CODE  RPE RIDGE ROAD  30RO, NC 27406			
Р	X4) ID REFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
		27G .0304(b)(3) Maint Water Systems  10A NCAC 27G .0304 EQUIPMENT (b) Safety: Each facilit constructed and equip ensures the physical s visitors. (3) Electrical, me systems shall be maint condition.  This Rule is not met as Based on observation a system was not mainta condition. The findings  Observation on 4/24/24 12:00 pm revealed: -In the upstairs client bases	FACILITY DESIGN AND  ty shall be designed, ped in a manner that afety of clients, staff and echanical and water tained in operating  s evidenced by: and interview, the water ined in operating are:  I between 11:22 am and athroom, both sinks had ck particles in the water.  th the AFL provider  It make him aware the his morning or he would mber out here to unclog ave poured something g the sinks.	V 750 V 750	Measures to correct- AFL Provider corplumber to come fix the sinks upstairs.  Measures to prevent- AFL Provider will maintain routine maintenance at the AI Who will monitor & how often- CANC OAFL Provider, will monitor the upkeep of maintenance of the AFL Home on a roubasis. QP Monitoring will take place on month, during monthly walkthrough visionate of completion- May 7, 2024	I FL Home. QP and of the utine ce a	May 7, 2024

Division of Health Service Regulation