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

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL025-005		B. WING _	C 05/24/2024		
NAME OF PROVIDER OR SUPPLIER	1320 HE	DDRESS, CITY ALTH DRIVE			
PREFIX (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET	
2024. The compla #NC00217097). A This facility is licer categories: 10A N Developmental Vo Individuals with De 10A NCAC 27G .5 of all Disability Growth of Individuals with a current census of for Individuals of a current census of a current census of a consisted of audits Individuals of all Di 27G .0303(c) Facility 10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not me Based on observati was not maintained and orderly manner and orderly and order a	y was completed on May 24, int was substantiated (intake deficiency was cited. Insed for the following service CAC 27G .2300 Adult cational Programs for evelopmental Disabilities and 400 Day Activity for Individuals oups. Former census of 28. The expendental Vocational Programs Developmental Disabilities has found the .5400 Day Activity II Disability Groups has a 28. The survey sample of 3 current Day Activity for sability Groups. Ity and Grounds Maintenance of 3 LOCATION AND IREMENTS of its grounds shall be a clean, attractive and orderly experience from offensive of as evidenced by: on and interview, the facility in a clean, attractive, safe the findings are:	V 000	GENERAL CLEANLINESS/MAINTENANG ISSUES: Thorough cleaning completed by T Leader and Janitor the week of 6/3 Janitor returned to work 5/30/24, working hours per week. Team Leader and/or Site Manager to comwalk-throughs weekly to identify areas the need specific attention regarding cleanling Team Leader and/or Site Manager to commonthly Environmental Checklists to ensucleanliness and submission/follow-up on maintenance tickets. SPECIFIC ISSUES LISTED BY AREA: 1. GARAGE AREA: Thorough cleaning completed by Team Leader and Janitor the week of 6/3/24. Ongoing janitor cleaning awalk-throughs to be completed on a regulation.	eam 8/24. 17.5 nplete at ess. plete ire	
11:05am and 5/24/2 revealed:	Observation on 5/23/24 at approximately 11:05am and 5/24/24 at approximately 12:30pm revealed: The garage area had debris, dust, and food		basis as listed above. Maintenance ticket submitted 6/4/24 to relocate wood pieces (Team Leader to follow up by 6/30/24 to e completion).		
on of Health Service Regulation	ER/SUPPLIER REPRESENTATIVE'S SIGNA		TITLE		

STATE FORM

Director of Day Services

6/18/24

Division of Health Service Regulation

AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 05/24/2024		
		MHL025-005					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1320 HEALTH DRIVE 1320 HEALTH DRIVE NEW BERN, NC 28560 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE							
V	located at the back sizes that had not be. The library had duscattered throughou. The client area wit debris, dust and food floor. The wall beside plastered areas ead wide. The sensory room paper throughout the furniture; there was and the window. There was are the window. There was all food particles are the window. There was a several areas of two sizes. Interview on 5/24/24 Team Leader stated are and the employee who had been out sick. The facility is current professional deep climonths. The facility has received painted. The facility is on an an treatment schedule we company.	ton the floor; A wooden shelf contained wood of varying leen used by the clients. It is, debris and food particles at the floor. It is pool table had scattered at particles throughout the dethe sink had 2 white is approximately 6 inches that scattered debris, dust, e floor and behind the a dead spider on the floor. It is added to the trash bin beside was scattered debris and on the floor. It is and the client area had stoned paint that was various the Community Engagement is normally cleaned the facility introduced approval to have the monthly routine maintenance with a local pest control wined the building and left would consult with	V 736	2. LIBRARY: Thorough cleaning comby Team Leader and Janitor the wee 6/3/24. Ongoing janitor cleaning and throughs to be completed on a regulas listed above. 3. CLIENT AREA WITH POOL TABL Thorough cleaning completed by Tealeader and Janitor the week of 6/3/20. Ongoing janitor cleaning and walk-the to be completed on a regular basis a above. Maintenance ticket submitted to paint wall beside sink (Team Leader follow up by 6/30/24 to ensure completed by Team Leader and Janithe week of 6/3/24. Ongoing janitor cleaning and walk-throughs to be completed on a regular basis as lister above. 5. KITCHEN: Thorough cleaning comby Team Leader and Janitor the week 6/3/24. Ongoing janitor cleaning and walk-throughs to be completed on a regular basis as lister above. 6. ENTRANCE AREA/CLIENT AREA: Maintenance ticket submitted 6/4/24 pentire facility including "two-tone" pain areas. (Team Leader to follow up by 6/30/24 to ensure completion). OTHER ISSUES: Facility to continue with contract for loc control to visit monthly for treatment of insects/pests.	ek of walk-ar basis E: am et a. roughs s listed 6/4/24 er to letion). Ining tor d pleted k of walk-ar basis paint t		