

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2024
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NAME OF PROVIDER OR SUPPLIER JACKSON STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 141 EAST JACKSON STREET COATS, NC 27521
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on August 15, 2024. 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>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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 was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 08/15/24 at approximately 9:30am of the facility revealed:</p> <ul style="list-style-type: none"> -The threshold between the sitting area and the dining room area was missing. -Client #1's bedroom had a urine smell. -Client #6's blind had broken slats. -Client #5's bedroom had a foul odor smell. -Client #3's room was very messy and had items on the floor and had a foul odor. -The carpet throughout the facility had black stains and ripped carpet in front of the couch. -The bathroom near the sitting area was leaking around the bottom of the toilet and the base of the bathtub. The base of the bathtub had black 	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	Continued From page 1 molding. During interview on 08/15/24 the Administrator revealed the facility needed updated work and they were in the process of getting quotes for the work to be completed in the facility.	V 736		