

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2024
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NAME OF PROVIDER OR SUPPLIER NEVIN #2	STREET ADDRESS, CITY, STATE, ZIP CODE 3825 NEVIN ROAD CHARLOTTE, NC 28269
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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 and follow up was completed on 8-27-24. Deficiencies were 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 six and currently has a census of six. The survey sample consisted of audits of three 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 (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 interviews and observation the facility failed to be maintained in a clean, attractive, and organized manner. The findings are:</p> <p>Observation on 8-27-24 at approximately 4:00pm revealed:</p> <ul style="list-style-type: none"> -Pantry had dark matter in the corners of the floor. -Kitchen: soap dispenser had contents oozing globs of gelatinous substance around the top, lamp over the counter is bent, Paint is bubbled and peeling over the counter. -Bathroom #1: large amounts of dark substance coating the bathtub, reddish substance around the shower handle, the bottom of the toilet has both brown and yellow substance 	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	<p>Continued From page 1</p> <p>surrounding it, the corners have dark substance built up and spreading.</p> <p>-Hallway: runner on the side of the wall brown and buckling in places, kitchen hallway/doorway has chipped paint in several places.</p> <p>-Bedroom #6 has stained carpet through out the room.</p> <p>-Bathroom #2: large amounts of dark substance coating the bathtub, the bottom of the toilet has both brown and yellow substance surrounding it.</p> <p>Interview on 8-27-24 with Client #2 revealed: -They all had chores and had to keep their rooms clean.</p> <p>Interview on 8-27-24 with Client #3 revealed: -He did his chores.</p> <p>Interview on 8-27-24 with Staff #2 revealed: -The clients had their chores, and the staff checked behind them to make sure they are done correctly.</p> <p>Interview on 8-27-24 with the Residential team Leader revealed: -The clients did the cleaning, but it was up to staff to make sure things were clean. -She would make sure the issues were corrected.</p>	V 736		