

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/23/2024
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NAME OF PROVIDER OR SUPPLIER WHITEVILLE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 168 SWEET FARM ROAD WHITEVILLE, NC 28472
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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, complaint, and follow up survey was completed on August 23, 2024. The complaint was unsubstantiated (intake #NC00220923). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups and 10 A NCAC 27G .5600 Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 6 and currently has a census of 5. The survey sample consisted 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 (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 interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 8/23/24 at approximately 1:45pm revealed:</p> <ul style="list-style-type: none"> - Bathroom #1 had black mildew mildew buildup on the shower head and black mildew on the top of the shower seam along the wall with the shower head. - Bathroom #1 had buildup within the seams of the shower/tub. - Client #4's dresser drawer was broken. - Bathroom #2 had stain on top of ceiling over 	V 736		

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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>shower and a nickel sized fecal stain on toilet seat.</p> <p>Interview on 8/23/24 the House Manager stated: - She would ensure identified issues were corrected.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		