

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/10/2024
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NAME OF PROVIDER OR SUPPLIER ROSHAUN'S HOUSE OF CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4012 GUESS ROAD DURHAM, NC 27705
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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>A follow up survey was completed on September 10, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 5. 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, attractive, orderly manner and kept free from offensive odor. The findings are:</p> <p>Observation on 9/9/24 at approximately 9:35 AM revealed:</p> <ul style="list-style-type: none"> -Kitchen area-the refrigerator door handle was broken. -Clients #1 and #3's bedroom-A strong urine odor and walls had faded paint. -Bathroom in hallway-The shower curtain was sagging. Approximately 6 broken shower curtain plastic rings. All 12 metal ring holders were rusty. -Client #5's bedroom-Four blind slats were broken on the ends. -Clients #2 and #4's bedroom-A strong musty odor. The floor area near bathroom entry was 	{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>spongy in four areas and floor gave way when stepped on.</p> <p>-Bathroom in clients #2 and #4's bedroom-Approximately 10 broken blinds slats. The metal part of stopper in sink was missing.</p> <p>Interview on 9/9/24 with staff #2 revealed:</p> <p>-The clients were responsible for cleaning their own bedrooms.</p> <p>-Staff clean the other areas of the facility.</p> <p>-He just recently started 3 weeks ago and had not said anything to management about the conditions of the facility.</p> <p>-He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>Interview on 9/9/24 with the Licensee revealed:</p> <p>-She was aware of some of the issues with the facility.</p> <p>-Some of the issues were brought to the attention of the person who owns the home.</p> <p>-The home owner had not taken care of those issues.</p> <p>-She confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency has been cited 4 time(s) since the original cite on 4/4/23 and must be corrected within 30 days.</p>	{V 736}		