Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1101 12.110			A. BUILDING: _		
		MHL078-229	B. WING		R 08/22/2024
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADD			TE, ZIP CODE	
FIRST IMA	GE INC GRACE COURT		OWVIEW RD ON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	on August 22, 2024. [	up survey was completed Deficiencies were cited.			
	This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children.				
	This facility is licensed for 8 and has a current census of 7. The survey sample consisted of audits of 3 current clients.				
V 263	27G .4103 (a-b) Res. Operations	Recovery Clients/Children -	V 263		
	decision of the design the provider of reside (2) The individual for at least one pre-accept for an emerge (b) Coordination Of The Children In The Facility shall provide of the following:  (1) The appropachild shall be coordinated plan.  (2) Each child sprimary health care so (3) Each child simmunizations as specific providers.	o the facility shall be a joint nated qualified professional, ntial care, and the individual. all shall have the opportunity dmission visit to the facility ncy admission.  Treatment And Education To ty: Each facility or multi-unit or make arrangements for riate education program for inated with his/her service			
	age, shall receive a b developmental screen receive a multi-discip				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL078-229			B. WING	08	R 3/22/2024	
NAME OF P	<u> </u>			E, ZIP CODE		
		3750 ME	ADOWVIEW RD B			
FIRST IMAGE INC GRACE COURT			RTON, NC 28358			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 263	services. Parents sha on services that the c to receive at screenin (5) Each child f shall receive a behave developmental screer evaluated for child me abuse disorder(s) by (6) Each child t shall receive substance	all be provided information hild is eligible for or entitled g and evaluation. ive years of age and over, ioral health and hing, and if appropriate, be ental health and substance a qualified professional(s). hree years of age and over, ce abuse prevention t- risk factors associated	V 263			
	facility failed to ensure behavioral health and for one of three audite are: Review on 08/22/24 of revealed: -Admission date of 07 -Diagnoses of Cocain -5 children ages 10, 6	ews and interviews, the e each child received a developmental screening ed clients(#2). The findings of client #1's record  7/06/24.  The Use Disorder Severe.  4, 4, 2 and 1.  That have a behavioral health creening completed.  8/22/24 the Program  Thover in staff.				
	behavioral assessme	•				

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Division of Health Service Regulation

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
					R	
MHL078-229		B. WING		08/22/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	-	
		3750 MFA	DOWVIEW RD	RI DG F1		
FIRST IMA	GE INC GRACE COURT		ON, NC 28358			
			T 20330			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 263	Continued From page	2	V 263			
	-She was a children's	therapist. orking for the company. eone new and she was				
V 536	27E .0107 Client Right Int.	nts - Training on Alt to Rest.	V 536			
	to restrictive intervent (b) Prior to providing disabilities, staff inclu employees, students demonstrate compete completing training in other strategies for cr which the likelihood o or injury to a person of property damage is p (c) Provider agencies based on state compete compliance and demonstrate compliance and demonstrate compliance and demonstrate compliance and demonstrate demonstrate (d) The training shall include measurable lemeasurable testing (v behavior) on those of methods to determine course. (e) Formal refresher by each service provi annually). (f) Content of the training	plement policies and size the use of alternatives tions. services to people with ding service providers, or volunteers, shall ence by successfully communication skills and reating an environment in if imminent danger of abuse with disabilities or others or revented. Is shall establish training retencies, monitor for internal constrate they acted on data the competency-based, rearning objectives, written and by observation of objectives and measurable re passing or failing the training must be completed der periodically (minimum ming that the service apploy must be approved by				

Division of Health Service Regulation

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MHL078-229  MHL078-229  B. WING  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3750 MEADOWVIEW RD BLDG F1  LUMBERTON, NC 28358   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 3  Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	R 08/22/2024  (X5) COMPLETE DATE
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3750 MEADOWVIEW RD BLDG F1 LUMBERTON, NC 28358  (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 3  Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	08/22/2024 (X5) COMPLETE
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3750 MEADOWVIEW RD BLDG F1 LUMBERTON, NC 28358  (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 3  Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	08/22/2024 (X5) COMPLETE
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3750 MEADOWVIEW RD BLDG F1 LUMBERTON, NC 28358   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 3  Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	(X5) COMPLETE
FIRST IMAGE INC GRACE COURT    Continued From page 3   Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	COMPLETE
CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   V 536   Continued From page 3   Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	COMPLETE
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536 Continued From page 3  Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	COMPLETE
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 3  Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	COMPLETE
Paragraph (g) of this Rule.  (g) Staff shall demonstrate competence in the following core areas:  (1) knowledge and understanding of the people being served;	
(g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served;	
(2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time.	
review/request this documentation at any time.	
(i) Instructor Qualifications and Training  Requirements:	

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MMLO7F PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3750 MEADOW/VEW RD BLIGG F1  LIMBERTON, NC 23958  V 536  Continued From page 4  (1) Trainers shall demonstrate competence by socing a passing grade on testing in a training program aimed at preventing, reducing and inimitant by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.  (4) The content of the instructor training programs to Subparagraph (I)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for evaluating trainee performance, and (O) documentation procedures. (6) Trainers shall have coached experience teaching a terminating the need for restrictive interventions at least once annually, reducing and eliminating the need for restrictive interventions at least once annually, reducing and eliminating the need for restrictive interventions at least once annually, reducing and eliminating the need for restrictive interventions at least once annually, reducing and eliminating the need for restrictive interventions at least once annually, reducing and eliminating the need for restrictive interventions at least once annually,		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET IMAGE INC GRACE COURT  STORMEADOWINEW RD BLOG FI LUMBERTON, NC 28358  UNBIGNORMARY STATEMENT OF DEFICIENCES INCREMENTATION INCREMATION)  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENCES INCREMENTATION  PREFIX TAG  V 536  Continued From page 4  (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive include measurable learning objectives, measurable eleming shall be competency-based, include measurable learning objectives, measurable instructor training programs in instructor training program passing of failing the course.  (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (1)(5) of this Rule.  (5) Acceptable instructor training programs shall include but are not limited to presentation of:  (A) understanding the adult learner;  (B) methods for evaluating trainee performance; and (D) documentation procedures.  (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.  (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.				7. BOILBING.			
Company   Comp	MHL078-229			B. WING			
CMA ID   CACHED CORT   CACHE	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CATURD   SUMMARY STATEMENT OF DEFICIENCIES	FIRST IMA	EIRST IMAGE INC CRACE COURT			BLDG F1		
PREEDX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 4  (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.  (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.  (3) The training shall be competence by scoring a passing grade on testing in an instructor training program.  (3) The training shall be competence by scoring a passing grade on testing in an instructor training the need for restrictive interventions.  (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/I/DI/SAS pursuant to Subparagraph (i)(5) of this Rule.  (5) Acceptable instructor training programs shall include but are not limited to presentation of:  (A) understanding the adult learner;  (B) methods for evaluating trainee performance; and  (D) documentation procedures.  (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once	1110111117	TOL INO CITAGE GOOK!	LUMBERTO	ON, NC 28358			
(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.  (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.  (3) The training shall be competence-becompetency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.  (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.  (5) Acceptable instructor training programs shall include but are not limited to presentation of:  (A) understanding the adult learner;  (B) methods for evaluating trainee performance; and  (D) documentation procedures.  (F) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.  (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLE	
by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.  (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.  (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failling the course.  (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (1)(5) of this Rule.  (5) Acceptable instructor training programs shall include but are not limited to presentation of:  (A) understanding the adult learner;  (B) methods for evaluating trainee performance; and  (D) documentation procedures.  (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.  (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once	V 536	Continued From page	<b>:</b> 4	V 536			
(8) Trainers shall complete a refresher instructor training at least every two years.  (j) Service providers shall maintain documentation of initial and refresher instructor	V 536	(1) Trainers shaby scoring 100% on to aimed at preventing, in need for restrictive int (2) Trainers shaby scoring a passing ginstructor training programs of the training competency-based, in objectives, measurable methods failing the course. (4) The content service provider plans approved by the Divist to Subparagraph (i)(5) Acceptable shall include but are real (A) understandin (B) methods for course; (C) methods for performance; and (D) documentating (6) Trainers shateaching a training progreducing and eliminat interventions at least review by the coach. (7) Trainers shate aimed at preventing, in need for restrictive intannually. (8) Trainers shate instructor training at least of the t	all demonstrate competence esting in a training program reducing and eliminating the terventions.  all demonstrate competence grade on testing in an gram.  I shall be include measurable learning le testing (written and by or) on those objectives and to determine passing or  I of the instructor training the sito employ shall be siton of MH/DD/SAS pursuant  I) of this Rule.  Instructor training programs and limited to presentation of:  In the adult learner;  I teaching content of the  I evaluating trainee  I ion procedures.  I all have coached experience program aimed at preventing, ing the need for restrictive one time, with positive  I teach a training program reducing and eliminating the terventions at least once  I complete a refresher east every two years.  I shall maintain	V 536			

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHL078-229			B. WING			R <b>08/22/2024</b>	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 00.2.		
EIDST IM/	AGE INC GRACE COURT	3750 MEAD	OWVIEW RD				
FIRST IIVIA	GE INC GRACE COURT	LUMBERTO	ON, NC 28358				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE	
V 536	(A) who particip outcomes (pass/fail); (B) when and w (C) instructor's (2) The Division request and review th (k) Qualifications of (1) Coaches sh requirements as a tra (2) Coaches sh the course which is be (3) Coaches sh competence by comp train-the-trainer instru	entation shall include: ated in the training and the where attended; and name. n of MH/DD/SAS may nis documentation any time. Coaches: nall meet all preparation iner. nall teach at least three times eing coached. nall demonstrate letion of coaching or	V 536				
	failed to ensure one of have annual training a	ew and interview, the facility of four staff (#1) failed to and one of four staff failed to in alternatives to restrictive					
	-Date of hire: 10/2008 -Evidence Based Pro training expired on 1/2	tective Interventions (EBPI) 25/24. pdates in alternatives to					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY			
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	COMPLETED		
					R	
MHL078-229			B. WING		08/22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		3750 MEA	DOWVIEW RD	BLDG F1		
FIRST IMA	AGE INC GRACE COURT	LUMBERT	ON, NC 28358			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 536	Continued From page	e 6	V 536			
	Review on 8/22/24 of -Date of hire: 5/13/24 -No initial or current to restrictive intervention  During interview on 8 staff revealed: -She was unsure if storeceived EBPI trainingShe had not received trainer for staff #1 or s-Training was comple and the corporate offi remodeledNo additional informatics.	raining in alternatives to as.  //22/24 the Human Resource  aff #1 and staff #2 had g. d a certificate from the staff #2.  ted in the corporate office ce was closed due to being ation was provided.				
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe, manner and shall be odor.  This Rule is not met Based on observation was not maintained ir manner. The findings  Observation on 8/6/24 10:00 am of the faciliting the same of the faciliting of the same of the sam	EMENTS s grounds shall be clean, attractive and orderly kept free from offensive  as evidenced by: and interviews, the facility a safe, clean and attractive are:  4 at 11:45 am and 8/22/24 at	V 736			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
						R
MHL078-229		B. WING		l l	22/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3750 MEA	DOWVIEW RD	BLDG F1		
FIRST IMA	AGE INC GRACE COURT		ON, NC 28358			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	ORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From page	÷ 7	V 736			
V 736	surrounding it approx -G2 apartment the ca the bathroom were fa peeled around the co -G1 apartment the ca and in the bathrooms had peeled. The cou microwave had a disc circle the size of a go hole in the door the si bottom of the door. E the size of a grape or the window. In the ba holder was missing th paper and two light be light fixture and the til approximately three in corners in front of the hole in the door (unal was covered by a rou an adhesive wall prot -G3 apartment the dra broken and not attach the cabinet doors in the the surface had peele apartment were dirty Bedroom 1 the ceiling ceiling and the electri missing. The bathroon a black colored subst the ceiling and two lig the light fixture. Bath were not working and	binets in the kitchen and in ded and the surface had rners. binet doors in the kitchen were faded and the surface intertops in front of the coloration in the shape of a life ball. Bedroom 1 had a lize of a golf ball at the ledroom 2 had small holes in the wall next to the bed by throom, the toilet paper live rod that holds the toilet lulbs were not working in the ling was chipped linches on two tiles in the ling was chipped linches on the linches of a linch	V 736			
	the surface had peele not work and the toile	d the tollet paper. binet doors were faded and ed. Bathroom 1 light bulb did t paper holder was missing let paper. Bedroom 1's				
	electrical outlet was n -F1 apartment the sm	nissing the cover.				

Division of Health Service Regulation

STATE FORM 8899 S1XX11 If continuation sheet 8 of 9

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  FIRST IMAGE INC GRACE COURT  3750 MEADOWN/EW RD BLOG F1  LUMBERTON, NC 28358  PRICTIX TAG  Continued From page 8  consistently and the cabinet doors were faded and the surface was worn and peeled in areas in the kitchen.  -F3 apartment the refrigerator had leaked water onto the floor covering the area of the entire front of the refrigerator and the countertops in the kitchen the natural color of the counter was faded. Bathroom 2 had one light bulb that did not work.  -F4 apartment had one light bulb that did not work in the bathroom.  During interview on 8/22/24 the Facility Manager revealed:  -They had a list of repairs for each apartment that maintenance was going to follow up on.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3750 MEADOWNIEW RD BLDG F1  LUMBERTON, NC 28358  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 8 consistently and the cabinet doors were faded and the surface was worn and peeled in areas in the kitchen.  -F3 apartment the refrigerator had leaked water onto the floor covering the area of the entire front of the refrigerator and the countertops in the kitchen the natural color of the counter was faded. Bathroom 2 had one light bulb that did not work.  -F4 apartment had one light bulb that did not work in the bathroom.  During interview on 8/22/24 the Facility Manager revealed:  -They had a list of repairs for each apartment that maintenance was going to follow up on.  This deficiency constitutes a re-cited deficiency					,	R		
FIRST IMAGE INC GRACE COURT  3750 MEADOWVIEW RD BLDG F1 LUMBERTON, NC 28358    Consider the provider's plan of correction (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG			MHL078-229	B. WING		08/2	22/2024	
CX4)   ID   PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COMPLETE DEFICIENCY    V 736   Continued From page 8   Consistently and the cabinet doors were faded and the surface was worn and peeled in areas in the kitchen.   F3 apartment the refrigerator had leaked water onto the floor covering the area of the entire front of the refrigerator and the counter was faded. Bathroom 2 had one light bulb that did not work.   F4 apartment had one light bulb that did not work in the bathroom.   During interview on 8/22/24 the Facility Manager revealed:   They had a list of repairs for each apartment that maintenance was going to follow up on.   This deficiency constitutes a re-cited deficiency	NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE			
SUMMARY STATEMENT OF DEFICIENCIES   ID   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   COntinued From page 8   Consistently and the cabinet doors were faded and the surface was worn and peeled in areas in the kitchenF3 apartment the refrigerator had leaked water onto the floor covering the area of the entire front of the refrigerator and the countertops in the kitchen the natural color of the counter was faded. Bathroom 2 had one light bulb that did not work in the bathroom.  During interview on 8/22/24 the Facility Manager revealed: -They had a list of repairs for each apartment that maintenance was going to follow up on.  This deficiency constitutes a re-cited deficiency	FIRST IMA	AGE INC GRACE COURT						
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Division of Health Service Regulation

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