

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/26/2024
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NAME OF PROVIDER OR SUPPLIER MEEKS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4125 EDGEMONT ROAD WENDELL, NC 27591
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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 survey was completed on September 26, 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 5 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 interview the facility was not maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 9/25/24 between 12:20pm - 12:54pm of the facility revealed the following:</p> <ul style="list-style-type: none"> - client #1's bedroom had 2 separate windows - client #2 & client #3's bedroom had 3 separate windows which included 2 side by side windows - client #4 & client #5's bedroom had 2 side by side windows - each clients' bedroom had a window stopper that prevented the windows from opening to its maximum height - the bedroom windows were approximately less than a feet from opening to its maximum height 	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> <ul style="list-style-type: none"> - client #1 entered his bedroom and said "I can get out the windows" - the Licensee proceeded to put her body half way through client #1's bedroom to demonstrate a person could get out the window - she commented "a person can get out the windows" - the Licensee's husband arrived and removed all the window stoppers from each bedroom window <p>During interview on 9/25/24 the Licensee reported:</p> <ul style="list-style-type: none"> - would monitor the bedroom windows to ensure they opened to maximum height 	V 736		