Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | | | | | |
|--|--|--|---|--|-------------------------------|--------------------------|--|--|--|--|--|
| | | | | | F | | | | | | |
| | | MHL091-075 | B. WING | B. WING | | 09/26/2024 | | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | | | |
| P & W GROUP HOMES 2636 WARRENTON ROAD HENDERSON, NC 27537 | | | | | | | | | | | |
| (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 (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPL | | (X5) COMPLETE DATE | | | | | |
| V 000 | INITIAL COMMENTS | | V 000 | | | | | | | | |
| | An annual and follow up survey was completed on 9/26/24. A deficiency was cited. | | | | | | | | | | |
| | category: 10A NCA | sed for the following service C 27G .5600C Supervised h Developmental Disabilities. | | | | | | | | | |
| | | sed for 5 and currently has a urvey sample consisted of clients. | | | | | | | | | |
| V 736 | 27G .0303(c) Facili | ty and Grounds Maintenance | V 736 | | | | | | | | |
| | EXTERIOR REQUI (c) Each facility and maintained in a safe | RO3 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive | | | | | | | | | |
| | | on and interview the facility in a safe, clean and attractive | | | | | | | | | |
| | bathroom revealed: -Black substance the tile in the showerBlack stained substance wallA 4 x 4 tile block management. | stance along top of the shower hissing in the shower. The shower is shower in the sho | | | | | | | | | |
| | stated: -The construction s | 4 the Qualified Professional ection had mentioned the st time they came out. | | | | | | | | | |

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

TITLE (X6) DATE Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE COMF | (X3) DATE SURVEY COMPLETED | | | | | | |
|--|---------------------|--|--|---|---------------------------------|-------------------------------|--|--|--|--|--|--|
| | | MHL091-075 | B. WING | | | ₹ 26/2024 | | | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | | | | |
| P & W GROUP HOMES 2636 WARRENTON ROAD HENDERSON, NC 27537 | | | | | | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC' | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE | | | | | | |
| V 736 | -Thinks some of the | ge 1 e black substance is stained. e bathroom and deep clean. | V 736 | | | | | | | | | |

6899

Division of Health Service Regulation STATE FORM

WH4L11 If continuation sheet 2 of 2