

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-998	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2024
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NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE IV	STREET ADDRESS, CITY, STATE, ZIP CODE 2917 FAIRWAY DRIVE RALEIGH, NC 27603
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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 survey was completed on 9/10/24. 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 interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 9/9/24 at approximately 9:20am revealed:</p> <ul style="list-style-type: none"> - a single high-pitched chirp every 60 seconds originating from a smoke detector in client #5's bedroom - a blind in a living room window that was detached at the top on one side and hanging down - a window in the living room covered with a solid colored off-white blanket that was attached to the top window frame - a black substance covering the wall approximately 10 feet wide and 2 feet high between the top of the shower and the ceiling in 	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>the upstairs bathroom</p> <p>Interview on 9/9/24 staff #1 reported:</p> <ul style="list-style-type: none"> - told the Licensee about the chirping smoke detector last month - told the Licensee about the broken blinds - the Licensee's son did some maintenance around the facility <p>Interview on 9/9/24 the Licensee reported:</p> <ul style="list-style-type: none"> - the landlord for the facility was responsible for repairs - her son helped with other things, such as changing light bulbs - asked her son to change the batteries in the smoke detector - called the landlord about the blinds in the living room 	V 736		