

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl025-020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/27/2024
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NAME OF PROVIDER OR SUPPLIER SPENCER'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 NINTH STREET NEW BERN, NC 28560
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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 27, 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 currently has a census of 6. 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 clean, attractive, orderly manner and kept free from offensive odor. The findings are:</p> <p>Observation on 09/26/24 at approximately 10:06am revealed:</p> <ul style="list-style-type: none"> - Client #5's bedroom had a strong malodorous smell. The smell was throughout the room and not confined to a certain area. - The 1st bathroom had dark spots on the ceiling. The black spots appeared to be mold or mildew and were various sizes with a majority being above the walk in shower. The walk in shower had many areas of heavily soiled dark grout along the ceramic tile. The dark areas were on the floor and sides of the walk in shower. The inside of the bathroom door had rusted areas approximately 4 	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>inches in height from the floor. The rusted areas were on both sides of the bathroom door.</p> <ul style="list-style-type: none"> - The 2nd bathroom had a brown rust colored on the white caulk along the corner of the tub area and floor. The bathroom had a pungent smell of urine. <p>Interview on 09/26/24 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #5's bedroom had an issue with smells in his room. - This had been an ongoing issue with client #5. <p>Interview on 09/26/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She was not sure what to do about the odor in client #5's bedroom. - The 2nd bathroom needed to be cleaned well. - Clients had chores which included cleaning the bathrooms. - Staff would have to start cleaning more in the bathrooms. - She would complete a plan of correction on identified items. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		