FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R MHL024-011 B. WING 08/23/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 168 SWEET FARM ROAD WHITEVILLE GROUP HOME WHITEVILLE, NC 28472 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint, and follow up survey was completed on August 23, 2024. The complaint was unsubstantiated (intake #NC00220923). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups and 10 A NCAC 27G .5600 Supervised Living for Adults with Mental Illness. The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of 3 current clients. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 The DSP will clean the shower, including 9/20/2024 the shower head, seams a long the the 10A NCAC 27G .0303 LOCATION AND wall with the shower head and the seams **EXTERIOR REQUIREMENTS** of he shower/tub after use. (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly The Program Manager (PM) and the QP 9/20/2024 manner and shall be kept free from offensive will monitor weekly for bathroom odor. cleanliness. This Rule is not met as evidenced by: The Area Director will create and 9/20/2024 Based on observation and interview, the facility implement a bathroom cleaning was not maintained in a safe, clean, attractive monitoring form indicating verification of and orderly manner. The findings are: cleaning by the DSP as well as monitoring by the QP and PM. Observation on 8/23/24 at approximately 1:45pm revealed: The PM will submit a ticket through the 9/20/2024 - Bathroom #1 had black mildew mildew buildup CBC-CI furniture request protocol for on the shower head and black mildew on the top replacing broken furniture. PM will of the shower seam along the wall with the periodically monitor furniture for shower head. replacement/repair needs. - Bathroom #1 had buildup within the seams of the shower/tub. Client #4's dresser drawer was broken.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

- Bathroom #2 had stain on top of ceiling over

2m Director 9

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 08/23/2024	
		MHL024-011				
00/23						23/2024
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V 736	Shower and a nickel sized fecal stain on toilet seat. Interview on 8/23/24 the House Manager stated: - She would ensure identified issues were corrected. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.		V 736	The PM will submit a maintenanticket for all maintenance needs through the CBC-CI ticket maintenance protocol. When submitting tickets, the PM will in the area director in the ticket submission so the area director follow up on the timely repair of maintenance ticket submissions The Environmental Health Representative will address subtickets timely by ensuring all requested repairs are completed including the stain on the ceiling		9/20/2024
				bathroom #2. The PM will utilize the above mentioned bathroom cleaning monitoring form to also check all bathrooms for cleanliness, includi bathroom #2.		