

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/27/2024
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NAME OF PROVIDER OR SUPPLIER MARNE	STREET ADDRESS, CITY, STATE, ZIP CODE 62 MARNE ROAD ASHEVILLE, NC 28803
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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>A complaint and follow up survey was completed on August 27, 2024. The complaints were substantiated (NC#00219408, NC#00219392 and NC#00219403). 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>The facility is licensed for 6 and currently has a census of 3. 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 (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 failed to be maintained in a clean, attractive manner that was free from offensive odor. The findings are:</p> <p>Observation on 8/26/24 at 11:30am of the facility revealed: -the 1st bathroom in the facility had a heavy odor that smelled of urine and wet animal. -the urine smell was present in the hallway. -there was bedpan under the sink in the 1st bathroom that had a plastic liner full of what appeared to urine. -the 3rd bathroom in the facility had ashes on the toilet seat, no hand towels, and the floor had a brownish yellow stain that surrounded the toilet</p>	V 736		

Division of Health Service Regulation 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>base all the back to the wall.</p> <p>Interview on 8/26/24 with the Qualified Professional (QP) revealed: -became QP of the facility about three months ago. -staff were responsible for cleaning the bathrooms. -didn't realize the 3rd bathroom was back there, "had never been in it." - "Urine smell was typically not that bad (in the facility)."</p> <p>Interview on 8/26/24 and 8/27/24 with the Executive Director revealed: -the stuff in the 1st bathroom needed to be thrown away. -the Team Lead was ultimately in charge of the cleanliness of the facility but all staff were responsible for maintaining it. -the 3rd bathroom, "always looked like that after [Client#3] used it." -acknowledged the urine smell and wondered if there was something going on with the facility's grinder system (waste management system in facility). -contacted maintenance to help get it resolved.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		