

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2024
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 619 MOUNTAIN PLACE ALBEMARLE, NC 28001
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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 October 11, 2024. 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 Disabilities.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 2 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, orderly manner and kept free from offensive odor. The findings are:</p> <p>Observation on 10/11/24 at approximately 11:30 am of the facility revealed: -Client #3's Bedroom: -There was a strong offensive odor. -There was a soiled comforter on the floor. -The mattress was soiled with excrement. -There were two large holes on the wall next to the bed about 8 inches wide and 4 inches high each.</p> <p>Interview on 10/11/24 with the Qualified Professional revealed: -Client #3 moved in recently to the facility. They</p>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	Continued From page 1 were still getting to know him. -Client #3 had made the holes on the wall prior of being hospitalized. -Client #3 had been hospitalized since Tuesday (3 days). -Client #3 had gall bladder stones and the doctors first had to remove the stones and later decided to remove the gall bladder. -A work order had been placed to fix the wall in Client #3's room. -She was not able to say why the soiled sheets in Client #3's room had not been removed and/or washed as well as room being deodorized. -Facility staff would be instructed to take care of the soiled comforter and room clean-up. -She acknowledged that the facility failed to be maintained in a clean, safe, attractive, orderly manner and kept free from offensive odor.	V 736		