

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/17/2024
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NAME OF PROVIDER OR SUPPLIER SOUTHWOOD PLACE GROUP HOME 2	STREET ADDRESS, CITY, STATE, ZIP CODE 309 HAMILTON STREET MONROE, NC 28112
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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, complaint, and follow up survey was completed on 10-17-24. The complaint was substantiated (#NC00221497). Deficiencies were 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>This facility is licensed for 3 and currently has a census of 2. 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 (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 and odor free manner. The findings are:</p> <p>Observation on 10-9-24 revealed: -Kitchen: one drawer in the cupboard won't shut, dark streak on the wall behind the trash can. -Hall bathroom: paint is peeling behind the toilet, paint is scuffed behind the door, doors to the vanity won't shut. -Bedroom bathroom: paint is peeling over the sink. -Bedroom #1: foam mattress with no plastic sheet over it, mattress felt damp, multiple stains on the carpet, room smells strongly of ammonia like substance.</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	<p>Continued From page 1</p> <p>Observation on 10-16-24 of Bedroom #1 revealed; -No plastic of the mattress</p> <p>Interview on 10-9-24 and 10-17-24 with Staff #4 revealed: -Client #1 was supposed to have a plastic sheet over her mattress. -On 10-17-24 Staff #4 said that plastic was now on the mattress.</p> <p>Interview on 10-17-24 with Staff #3 revealed: -She has noticed bedroom #1 smelling bad. -Client #1 has "accidents" (urinating and defecating) in the room. -"It is probably that carpet, well, it could be her bed too." -Client #1 is supposed to have plastic over the mattress and didn't know why she didn't.</p>	V 736		