Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL032-456			B. WING		R 10/22/2024	
NAME OF PROVIDER OR SUPPLIER  SECURING RESOURCES FOR CONSUMERS, II  STREET ADDRESS, CITY, STATE, ZIP CODE  10 MEADOW CREST DRIVE DURHAM, NC 27703						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETE	
V 000	INITIAL COMMENT	-S	V 000			
	on October 22, 202  This facility is licens category: 10A NCA Living for Adults wit  This facility is licens census of 2. The su	w up survey was completed 4. Deficiencies were cited.  sed for the following service C 27G .5600C Supervised h Developmental Disabilities.  sed for 5 and has a current urvey sample consisted of clients and 1 former client.				
V 736	27G .0303(c) Facilit 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance	V 736			
	failed to ensure the safe, clean, and attract:	et as evidenced by: on and interview, the facility facility was maintained in a ractive manner. The findings				
	11:35 am of the fac Dining Area: -Door leading to stained/dirty. Living Room: -The wall next t scratch with paint p inches long. -The long wall to off stretching about -Laminate floor	ility revealed:  the backyard was  o the back door had long eeled off extending about 12  and a scratch with paint peeled				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

MHL032-456  MHL032-456  B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED			
MHL032-456   B. WING			A. BOILDING.		-	,			
SECURING RESOURCES FOR CONSUMERS, II   10 MEADOW CREST DRIVE DURHAM, NC 27703	MHL	032-456	B. WING						
CALCE   DEFICIENCY   DURHAM, NC 27703	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 1  Kitchen:  -The cabinets needed to be replaced. They were worn out.  -Bottom cabinets in the corner of the kitchen and next to kitchen range were broken.  -Bottom of cabinets underneath the sink were broken/rotten.  -Shelves inside the cabinets were broken.  Entrance Area:  -Laminate flooring was lose.  -There was a hole in the wall to the right about the size of a baseball made by the door handle.  -Paint on wall to the left was peeling off.  Empty Room #1 (next to entrance):  -The routdoor was dirty/stained.  -There was baseball size hole on wall next to the fireplace.  -There was a baseball size hole on wall behind bed.  Hallway to Bedrooms:  -Air conditioning return vent had a thick layer of dirt/lint covering it.  -Ceiling light bulb was burned. Not working.	SECURING RESOURCES FOR CONSUMI	-RS. II		DRIVE					
Kitchen:     -The cabinets needed to be replaced. They were worn out.     -Bottom cabinets in the corner of the kitchen and next to kitchen range were broken.     -Bottom of cabinets underneath the sink were broken/rotten.     -Shelves inside the cabinets were broken. Entrance Area:     -Laminate flooring was lose.     -There was a hole in the wall to the right about the size of a baseball made by the door handle.     -Paint on wall to the left was peeling off. Empty Room #1 (next to entrance):     -The ceiling had stain from old water damage. Needed to be repainted.     -The front door was dirty/stained.     -There was a baseball size hole on wall next to the fireplace.     -There was a baseball size hole on wall behind bed. Hallway to Bedrooms:     -Air conditioning return vent had a thick layer of dirt/lint covering it.     -Ceiling light bulb was burned. Not working.	PREFIX (EACH DEFICIENCY MUST BE PR	ECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE			
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-There was an unfinished patch up work on wall next to the bathroom. Empty Room #2 (first room to the right in hallway): -There were 5 dime size holes on wall where television used to be hung. Hall Bathroom: -Sink cabinet was disconnected from the wallMica from the top of the cabinet was warpedThere was water damage on the flooring and bottom of cabinetThe tub had a dark grayish stain on the	Kitchen:     -The cabinets needed to be were worn out.     -Bottom cabinets in the coand next to kitchen range were.     -Bottom of cabinets under broken/rotten.     -Shelves inside the cabinetentrance Area:     -Laminate flooring was lose.     -There was a hole in the wabout the size of a baseball mandle.     -Paint on wall to the left were to entrall the firent door was dirty/sere the fireplace.     -There was baseball size the fireplace.     -There was a baseball size the fireplace.     -There were set at the bathroom.     -There were water stains of the fireplace was a unfinished wall next to the bathroom.     Empty Room #2 (first room to hallway):     -There were 5 dime size the television used to be hung.     Hall Bathroom:     -Sink cabinet was disconnected was water damage bottom of cabinet.	orner of the kitchen the broken. The broke	V 736						

Division of Health Service Regulation

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. Bolebino.		R		
		MHL032-456	B. WING		1	2/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SECURI	NG RESOURCES FOR	R CONSUMERS. II	OW CREST I	DRIVE		
()(1) ID	STIMMA DV STA		NC 27703	DROVIDED'S DI AN OE CORRECTIO		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 2	V 736			
	scratches on wall no Client #1's bedroom -Top of dresser scratches. Missing Client #1's Bathroo -There was a larepair behind the togen to the condition tub/shower was here outside: -Sidings by the -Sidings on the water damage and -Cement on the chipped off leaving and 2 inches tall.	was worn out. Multiple handles on four drawers. m: arge section of unfinished wall bilet. on vent on ceiling by the avily rusted. entrance were dirty/stained. right of the entrance had				
	revealed: -He was aware of the replacedPlans were last ye because the landlor cooperative with replacedContract at the factor move into fell apart this facilityNew plans were the remodel the facilityClients would be to facility while the rerestandlord had alread floors. They were gothe common areas placed in the bedro	emporarily placed at another modeling took place. ady sent crew to measure the oing to replace the floors in and new carpets would be				

Division of Health Service Regulation

STATE FORM 6899 M53I11 If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE		
					R	
		MHL032-456			10/2	2/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S <b>OW CREST I</b>	STATE, ZIP CODE		
SECURI	NG RESOURCES FOR	R CONSUMERS. II	, NC 27703	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 3	V 736			
	damage on the cen- -He confirmed the f grounds were main attractive and order	facility failed to ensure facility tained in a safe, clean, ely manner.  stitutes a re-cited deficiency				
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physical visitors. (4) In areas constructed and exposed to hot water	cility shall be designed, uipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the stained between 100-116 t.				
	failed to maintain th	et as evidenced by: ion and interview the facility ne facility water temperature egrees Fahrenheit. The				
	approximately 11:10 -The kitchen sink w degrees Fahrenhei -The hall bathroom 121 degrees Fahre -The water tempera	rater temperature was 120 t. 's sink water temperature was				

Division of Health Service Regulation STATE FORM

M53I11 If continuation sheet 4 of 5

Division of Health Service Regulation

AND PLAN OF CORRECTION IDENTIFICATION NUMBER. A. BUILDING:		ED						
MHI 032-456 B. WING	R	R 0/22/2024						
IIII EUU TUU	10/22/2	024						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  10 MEADOW CREST DRIVE								
SECURING RESOURCES FOR CONSUMERS, II DURHAM, NC 27703								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T DEFICIENCE)	TION SHOULD BE C THE APPROPRIATE	(X5) OMPLETE DATE						
V 752  Interview on 10/22/24 with the Administrator revealed:  -He did not realize the water temperature in the kitchen sink was over 116 degrees Fahrenheit.  -A new water heater had been placed recently and they were still trying to adjust it to the right temperature.  -Clients were able to adjust their own waterHe confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.								

6899

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