IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED R-C 10/16/2024	
	MHL016-005					
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
RT			W DRIVE			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
INITIAL COMMENT	ſS	V 000				
on October 16, 202 substantiated (intak	4. The complaint was a way way was a way way was a way way was a way was a way was a way was a way way was a way way was a way way was a way way way way way way way way way w					
census of 5. The s	urvey sample consisted of					
27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
EXTERIOR REQUI (c) Each facility and maintained in a safe	REMENTS I its grounds shall be e, clean, attractive and orderly	,				
Based on record re interviews the facilit clean, attractive ma	view, observations and ty was not maintained in a anner and kept free from					
am-11:20 am during -The pantry had a b approximately 4 1/2 approximately 1 inc ceiling and the light -The supply closet 1 food had brown sta the baseboard, whit approximately 4 fee	g tour of the facility revealed: prown stain across the ceiling 2 feet wide by 2 1/2 feet long, th circular black spots on the fixture was inoperable. for diapers and emergency ins around the perimeter of te stains across the floor et by 2 feet and there was a					
	OF CORRECTION PROVIDER OR SUPPLIER RT SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT A complaint and fol on October 16, 202 substantiated (intak deficiency was cited This facility is licens category: 10 A NCA for Adults with Deve This facility is licens category: 10 A NCA for Adults with Deve This facility is licens category: 10 A NCA for Adults with Deve This facility is licens category: 10 A NCA for Adults with Deve This facility is licens census of 5. The s audits of 3 current of 27G .0303(c) Facili 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saft manner and shall b odor. This Rule is not me Based on record re interviews the facility clean, attractive ma offensive odor. The Observation on 10/ am-11:20 am during -The pantry had a b approximately 4 1/2 approximately 4 1/2 approximately 4 1/2 approximately 4 1/2 approximately 4 fee	OF CORRECTION IDENTIFICATION NUMBER: MHL016-005 PROVIDER OR SUPPLIER STREET A QT 2331 NO NEWPOI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint and follow up survey was completed on October 16, 2024. The complaint was substantiated (intake #NC00222627). A deficiency was cited. This facility is licensed for the following service category: 10 A NCAC .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients. 27G .0303(c) Facility and Grounds Maintenance 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	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: mHL016-005 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2331 NORTH LAKEVIEW DRIVE 2331 NORTH LAKEVIEW DRIVE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF (EACH ORFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX INITIAL COMMENTS V 000 A complaint and follow up survey was completed on October 16, 2024. The complaint was substantiated (intake #NC00222627). A deficiency was cited. V 000 This facility is licensed for the following service category: 10 A NCAC .5600C Supervised Living for Adults with Developmental Disability. V 736 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (C) Each facility and Grounds Maintenance V 736 27G .0303(c) Facility and Grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. V 736 This Rule is not met as evidenced by: Based on record review, observations and interviews the facility was not maintained in a clean, attractive manner and kept free from offensive odor. The findings are: Observation on 10/16/24 between 10.49 approximately 1 inch circular black spots on the ceiling and the light fixture was inoperable. -The supply closet for diapers and merregncy food had brown stains across the coiling approximately 1 fixture was inoperable. -The supply closet for diapers and here was a	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL016-005 B. WING 100 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2331 NORTH LAKEVIEW DRIVE REQUIDER/OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PROVIDER'S PLAN OF CORRECTION INTIAL COMMENTS NEWPORT, NC 28570 PROVIDER'S PLAN OF CORRECTION ELECTION INST BE PRECEDED BY FULL REGULATORY OR LSD DENTIFYING INFORMATION) PRETRX INITIAL COMMENTS V 000 V 000 EACH CORRECTIVE ACTION ANDLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY INITIAL COMMENTS V 000 V 000 A deficiency was cited. V 000 This facility is licensed for the following service category: 10 A NCAC. 5600C Supervised Living for Adults with Developmental Disability. V 736 10A NCAC 27G. 0303 (c) Facility and Grounds Maintenance V 736 27G. 0303(c) Facility and Grounds Maintenance V 736 27G. Color REQUIREMENTS (c) Each facility and Its grounds shall be maintained in a safe, clean, attractive and orderly maintained in a safe, clean, attractive and orderly maintained in a safe, clean, attractive and orderly maintained in a safe, clean, attractive and refere from offensive odor. The findings are: Observation on 10/16/24 between 10:49 am 11:20 am during tour of the facility revealed: -The partly had brown stain across the ceiling approximately 4 1/2 feet xide by 2 1/2 feet long, approximately 4 1/2 feet xide by 2 1/2 feet long, approximately 4 1/2 feet xide by 2 1/2 feet long,	

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 10/16/2024	
		MHL016-005				
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
NEWPOI	RT		RTH LAKEVIE RT, NC 28570	W DRIVE		
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V 736	Continued From pa	ge 1	V 736			
	living room had whi baseboard approxir -The closet with dee on one baseboard a -The bathroom with stains approximatel shoe molding. -The bathroom with discoloration on the circular spots on bas shower head spraye spots, the linoleum dark discoloration a -Client #1 bedroom specs around the p -Client #2 bedroom specs around the p -Client #4 bedroom specs around the p -Client #5 bedroom specs around the p	ep freezer had brown stains approximately 2 feet long. I the walk in shower had brown by 3 feet on the trim of the bathtub had brown caulking, small one inch ack right corner of the bathtub, er had small 1/2 inch brown on both sides of the toilet had approximately 1 foot long. window had small black erimeter. window had small black				
	-Sanitation Inspection demerit for floors and walls, ceilings and a -Local advocacy ag	ency inspection dated				
	cleaned" and pictur inspection. -Inspection Repairs -undated: "Mild	baseboard flooring needs es were included with /Requests: ew/mold found in bottom of ne shower, and in the furnace				
ining of 1	room." -dated 10/26/23	3: Water leaks from walk in ausing mold build up and rot				

C

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL016-005		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL016-005	B. WING			R-C 10/16/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
NEWPOF	RT		RTH LAKEVIE RT, NC 28570	W 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
V 736			V 736			
	in the closet. -dated 9/27/24: "The ceiling in the pantry looks like it has water damage and needs to be replaced or repaired." -dated 10/14/24: "The pantry light bulb flickers or does not turn on." Interview on 10/16/24 with staff #1 stated: -Staff had reported to maintenance what they believed was mold in the home. -Staff had been cleaning it, but that was all they could do. -The light fixture in the pantry was inoperable due					
	to a leak. -She would submit	more maintenance requests.				
	stated: -He sprayed bleach closet for diaper an week ago. -The plan was to pa directed by his supe -We were waiting o determine if there w	24 with Maintenance worker on the floor of the supply d emergency food about a aint the baseboards as ervisor. n the sprinkler company to vas an issue with the sprinkler y or a leak coming from the				
	stated: -There was a leak in in shower. -Maintenance came the reported mainte -Maintenance spray floor in the closet w food.	ved a white substance on the ith diapers and emergency bocacy agency came last week				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL016-005				R-C 10/16/2024
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IEWPOF	RT		RTH LAKEVIE\ RT, NC 28570	N DRIVE		
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V 736	Continued From pa	ge 3	V 736			
	stated: -He was not made a issues.	24 with Qualified Professional aware of the maintenance a foul odor coming from the ncy food closet.				