Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL001-270	B. WING		10/2	9/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2502 BRIARWOOD DRIVE BURLINGTON, NC 27215						
(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	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	2024. A deficiency very strain of the strain	vas completed on October 29, was cited. sed for the following service C 27G .5600F Supervised				
	Living for Alternative This facility is licens	e Family Living. sed for 3 and has a current urvey sample consisted of				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not me Based on observati interviews, the facility safe, clean, attractive offensive odor. The Review on 10/29/24 Residential Building - "Egress-Emergence openings are required Unless the bedroom the outdoors, at least 22 inches window opening she feet. The window cainches above the floor	tits grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: on, record review and ity was not maintained in a ve manner and kept free from findings are: I of the North Carolina Code: R310.1 revealed: ey escape and rescue ed in all sleeping rooms. In has a door that connects to st one of the windows should its tall by 20 inches wide. The could be at least 5.7 square ean't be installed more than 44 por, but not lower than 24	V 736			
	·	nildren from climbing onto it." 29/24 between 8:40 am and				

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-270	B. WING		10/2	9/2024
NAME OF 1			<u> </u>		10/2	3/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HOUSE OF CARE, INC 2502 BRIA BURLING		TON, NC 27				
(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	(X5) COMPLETE DATE
V 736	Continued From pa	ge 1	V 736			
V 730	9:20 am of the facil -Client #2's bedroor -There was only -The window was -Window had a -Turning the crawindowThe crank han -The window was manuallyDining room: -There were nuranging from about -The chandelies out of 5 lightbulbs in -Cobwebs obse -The door leadi hinges broken off a frame of the doorHall bathroom: -The grout betwishower had dark/bla -The edges bette shower had dark/bla -The edges bette shower had dar -Bedroom located a -There was a b wall behind the bed -Bedroom had a Interview on 10/29/3 revealed:	ity revealed: In located in the basement: Ity one window in the bedroom. Ity one window in the bedroom. It is an "Awning Window." It crank handle mechanism. It is ank handle would not open the opened of the walls are also not able to be opened of the walls of the walls of the windows. It is a served on the chandelier. It is and the windows in the walls of the windows leaned against the opened of the walls of the windows leaned against the opened of the walls inside which was leaned against the opened of the walls inside which was leaned against the ween the tub and walls inside which walls inside which walls inside which was leaned to the Living Room: It is a wall walls inside which walls inside whit walls inside which walls inside which walls inside which walls	V 730			
	bedroom and she h -The window glass	nt client last year in Client #2's ad broken the window. was replaced; however, the note window was not.				
	revealed: -She was not aware	24 with the Assistant Director e that the cranking mechanism lient #2's bedroom was non				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL001-270	B. WING		10/	29/2024	
	PROVIDER OR SUPPLIER OF CARE, INC	2502 BRIA	DRESS, CITY, S' ARWOOD DR TON, NC 272				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 736	functionalShe would have a facility and have it f -"To ensure [Client of fixed today, client where the staying in the living gets fixed." -She would send pi soon as it gets fixed. She acknowledged ensure the facility where, safe, and attractive, safe, and attractive and the safety of the safety of the agency has metechnician to come crank. If it can not be replaced. The repairs can not (Client #2) will move the safety of the provider will end be opened and closs. The facility served of Schizophrenia; Dial Intellectual Disability Hyperactivity Disord Autism. The Awning #2's bedroom was a cranking mechanism was no other windows the safety of the safet	maintenance person go by the ixed on the same day. #2]'s safety, if window is not rould be moved to the upstairs' provider sleeps. Staff will be room's sofa until the window ctures in of the window as d. If that the facility failed to was maintained in a clean, odor active manner. If of the Plan of Protection ten by the Assistant Director action will the facility take to fee the consumers in your care? ade arrangements for a out to repair the window be repaired, the window will be its will be completed today. If be done today, member a upstairs to provider's room, as to make sure the above ified Professional will enician to the home (facility), asure that the window is able to sed."	V 736				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL001-270	B. WING		10/2	29/2024	
	PROVIDER OR SUPPLIER	2502 BRIA	ORESS, CITY, S ARWOOD DI TON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 736	rescue for one clier emergency. This de	nt in the event of an eficiency constitutes a Type A2 ostantial risk of serious harm	V 736				

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