PRINTED: 11/15/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
			A. BOILDING								
		MHL023012	B. WING		11/13/2024						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
LADELL LANE GROUP HOME 1116 LADELL LANE SHELBY, NC 28152											
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE						
V 000	INITIAL COMMENTS		V 000								
	An annual and follow up survey was completed on November 13, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current										
	•	ey sample consisted of									
V 736	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 odor.		V 736								
	was not maintained ir manner. The findings	n and interview, the facility n a safe and attractive									
	of the facility revealed -The carpet in the living raised carpet areas in on one side the room the opposite side of the approximately 12-16 of the -The carpet in the half facility and adjacent to 6-8 linear raised carp approximately 1 foot to -The bottom right side	ng room had at least 12-14 ear the entertainment center and extended to the sofa on the room which was feet in length. Ilway on the right side of the to the living room had at least et areas that ranged from to 4 feet in length. e of the bathtub near the low discoloration from the									

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

(X6) DATE TITLE

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MML023012 MME OF PROVIDER OR SUPPLIER THE LADELL LANE SHELBY, NO. 28152 SUMMARY STATEMENT OF DEPTICIENCIES SHELBY, NO. 28152 PROVIDER'S EACH CHICKNY MUST BE PRECEDED BY FILL IN PREPARATION (CACHECOTION (CACHEC	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
CAJ_ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES SHELBY, NC 28152			MHL023012	B. WING		11	/13/2024					
ADDEDUCED Company Co	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCEDED TO THE APPROPRIATE DATE	LADELL LANE GROUP HOME											
Observation on 11/13/24 at approximately 4:00 pm of the facility living room revealed: -Clients #1, #2 and #3 were present in the living room, and were socializingClient #2 was working on a project on the coffee table. Interview on 11/12/24 with Client #2 revealed: -He fell in the hallway this year on his way to the bathroom and was taken to the hospital to be medically checkedHe did not know why he fell. Interview on 11/13/24 with the Regional Director revealed: -The living room and hallway carpet with the raised areas had been in that condition for a "long time." -"The carpet needs to be replaced for safety." -"Client #2] has difficulty walking and is prone to falls." -She did not know why the bathtub was discolored on the bottom of the tub"It looks like someone tried to clean the tub with	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	COMPLETE					
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		pm of the facility living -Clients #1, #2 and #3 room, and were social -Client #2 was working table. Interview on 11/12/24 -He fell in the hallway bathroom and was tal medically checkedHe did not know why Interview on 11/13/24 revealed: -The living room and raised areas had beet time." -"The carpet needs to -"[Client #2] has difficing falls." -She did not know why discolored on the bott -"It looks like someon	g room revealed: B were present in the living lizing. g on a project on the coffee with Client #2 revealed: this year on his way to the ken to the hospital to be he fell. with the Regional Director hallway carpet with the in in that condition for a "long be replaced for safety." ulty walking and is prone to									

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