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: _				
		MHL079-001	B. WING		C 12/19/2024		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
REMMSCO MEN'S HALFWAY HOUSE 108 NORTH REIDSVILLE				T .			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
V 000	INITIAL COMMENTS		V 000				
	on December 19, 202 substantiated (intake deficiency was cited. This facility is licensed category: 10A NCAC Living for Adults with Dependency. This facility is licensed census of 7. The surv	d for the following service 27G .5600E Supervised					
V 742	27G .0304(a) Privacy		V 742				
	EQUIPMENT (a) Privacy: Facilities constructed in a mani	4 FACILITY DESIGN AND shall be designed and ner that will provide clients dressing or using toilet					
		ew, observation and ailed to be maintained in a for client privacy while in					
	from 9/18/24 to 10/31 facility's HVAC (heating conditioning) unit rever- Completed repair of	ealed: the HVAC unit on 10/31/24. hich referenced client					

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

(X6) DATE TITLE

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						_	
		MHL079-001	B. WING 12/19/2024		-		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE			
DEMMOO	O MENIO LIAI EWAY LIOU	108 NORT	H MAIN STREE	т			
REMINISC	O MEN'S HALFWAY HOU	REIDSVIL	LE, NC 27320				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 742	Continued From page	÷1	V 742				
	12/19/24 at 3:55 pm of No door to Client #2' located upstairs and jino door on either side bedroom. -There were no doors which joined the commithe upstairs hallway of the upstairs and Client -"Everyone (clients) have said the doors off." -He had been threate while sleeping by a form the upstairs bedroom of the upst	of the facility revealed: s bedroom which was oined a common room with e and led to Client #3's s to Client #3's bedroom mon room on one side and on the other side of his room. with Client #2 revealed: 5½ months ago. no roommate. n no clients was located out #3's bedroom. as complained to everyone g off (client bedrooms). They ere is no privacy with the					
	-Had a bedroom with						
	-He had no doors on	his bedroom. week and got staff to put					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL079-001	B. WING C 12/19/20		/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE			
DEMMOO	O MENIO IIAI EMAYIIOI	108 NOR	TH MAIN STREE	т			
REMMSC	O MEN'S HALFWAY HOU	REIDSVIL	LE, NC 27320				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPLE		(X5) COMPLETE DATE	
V 742	742 Continued From page 2		V 742				
		but not on mine (bedroom)." lys (clients) to see me."					
	-The client bedroom of because of "poor air of weather. -"Residents (clients) of the house (facility) was -"The doors were taki						
	revealed: -The client bedroom of have them replaced of fit right and one (door out." -The bedroom doors around mid-Septemb	t concerns about the doors					
	Director revealed: -The client bedroom or removed during Septiair conditioning unit withe "HVAC profession doors off to help air coneeded to be replace -"Clients were not hap up here (upstairs)." -"It was a fire hazard rooms. We didn't war -Door stops were use bedroom doors openskept getting gone."	ember (2024) because the vas not working properly and hal suggested we take the irculation and 2 or 3 doors d." oppy because it was too hot when they locked their at them locking the doors."					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
MHL079-001		B. WING		l l	C 12/19/2024				
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	,	.0.202			
I REMMSCO MEN'S HALFWAY HOUSE				H MAIN STREET LE, NC 27320					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
V 742	-The clients upstairs to bathrooms with doors dress and undress in Interview on 12/19/24 revealed: -He was aware the be #2's and Client #3's re-The doors had been #3's rooms since mid the HVAC system wa roomsThe HVAC system wa rooms.	without bedroom doors had a where they (clients) could private. with the Administrator edroom doors were off Client coms. off Client #2's and Client -September (2024) because is not cooling the upstairs as repaired the end of room doors needed to be the door repairs or last 2 weeks."	V 742						

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