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. BUILDING.			_
MHL026-812		B. WING		R-C 02/13/2025		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RAINBO	W OF SUNSHINE 2	307 CED#	RWOOD ST	REET		
KAINBO	W OF SUNSHINE 2	SPRING L	AKE, NC 28	390		
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	on February 13, 20; substantiated (#NC #NC00226667). A compared to the substantiated (#NC #NC00226667). A compared to the substantiated (#NC #NC00226667). A compared to the substantial for the substantial f	deficiency was cited. sed for the following service C 27G .5600C Supervised h Developmental Disability. sed for 5 and has a current urvey 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			
		on and interviews, the facility in a safe, clean and attractive				
	10:33am revealed: Outside of the Facil -The glass on the frinch crack in the lov -2 of 4 window scre the windows on the inches from the win Dining Room	ver right corner . ens were pulled away from left side approximately 3 to 4 dow. of 1 of 4 chairs was loose and				

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

TITLE (X6) DATE 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			
					R-C			
		MHL026-812	B. WING		02/1	3/2025		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
DAINBO	BANDOW OF SUNGUINE S. 307 CEDARWOOD STREET							
KAINBO	W OF SUNSHINE 2	SPRING L	AKE, NC 28	3390				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	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 page 1		V 736					
V 730	SPRING LA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 730					

Division of Health Service Regulation

-1 dresser drawer was missing a knob.

STATE FORM 6899 EY9E11 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE	(3) DATE SURVEY COMPLETED	
MHL026-812		B. WING			R-C 02/13/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE			
RAINBOW OF SUNSHINE 2 307 CEDARWOOD STREET SPRING LAKE, NC 28390							
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 736	-Black leather chair small circular areas off the chair. Interview on 2/13/29 revealed: - He did not know holient #4's shared book -The repairs would Interview on 2/13/29 - "The homes were controlled to the repairs would."	in the room had multiple where the leather had peeled to the Qualified Professional ow the hole in client #2 and edroom wall was created. be made. 5 the Director revealed: older homes." be made.	V 736				

6899

Division of Health Service Regulation STATE FORM

EY9E11 If continuation sheet 3 of 3