Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION			A. BUILDING:			
		MHL026-813	B. WING			R 13/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RAINBO	W OF SUNSHINE 1		NNYSTONE DF EVILLE, NC 28			
(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 AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on February 13, 2025. 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 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.					
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		on and interview the facility in a safe, clean and attractive				
	10:29am am reveal Living Room -The front door was					
	Kitchen -The handle of the missing with a large	refrigerator freezer door was screw exposed.				
	hose. -The faucet knob ha push down of the fa	eaked water from bottom of ad to be maneuvered with a sucet and several turns for				
	water to come out o -The light fixture ov	of faucet. er the sink was rusted all over				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL026-813				R 02/13/2025
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	W OF SUNSHINE 1	4661 PE	NNYSTONE DI	RIVE		
		FAYETTI	EVILLE, NC 28	3306		
(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 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From page 1		V 736			
	track. -The air vent in hall Bedroom #1 (client -There was a 12 ind the linoleum floor a left of doorway. Hallway Bathroom -The register locate was completely rus -There was black b of a L approximatel corner of shower. -The entire drainag black-greenish resid -The shower head R entire water spout. -The shower curtain number of hooks and from shower rod. Bedroom #2 (client -The knob on the bo and turned at a 360 Interview on 02/13/2 revealed: -The facility is old a replaced in the last -It is just "wear and -She would ensure	ch fishing hook shaped hole in pproximately 3 inches to the ed on the bathroom doorway ted. uildup of residue in the shape y 4 inches at the left hand e stop was covered with a due. had a greenish residue on the n was missing an unknown nd hung about a quarter inch #2) ottom right drawer was loose 0 degree angle. 25 the Director/Licensee ind the door had not been 19 years. tear" on the home. concerns were addressed. stitutes a re-cited deficiency				

MHU811