

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/11/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>AMAT GROUP HOMES, LLC #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7616 US HIGHWAY 421 SOUTH</b> <b>ERWIN, NC 28339</b>		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual and follow up survey was completed on March 11, 2025. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.  This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
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.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, safe, and attractive manner. The findings are:  Observation on 3/11/25 at 12:30 pm of the Kitchen area revealed: -The bottom front of the stove had a brownish stain approximately 14" in length. -The wall behind the garbage can had dirt debris with various sizes of black and brownish marks and various areas with food debris. -The window blind located over the kitchen sink had 2 broken slats. -The windowpane had black dirt debris.  Observation on 3/11/25 at 12:35 pm of the Bathroom area revealed: -The chrome on the vanity light was rusty.	V 736		

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

TITLE

(X6) DATE

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-There were 2 light bulbs missing from the vanity light.</li> <li>-The base of the toilet had black stains around it.</li> </ul> <p>Observation on 3/11/25 at 12:40 pm of Bedroom # 1 revealed:</p> <ul style="list-style-type: none"> <li>-A strong smell of urine.</li> <li>-There was black dirt debris on the walls.</li> </ul> <p>Observation on 3/11/25 at 12:45 pm of Bedroom #2 revealed:</p> <ul style="list-style-type: none"> <li>-The blinds had broken slats.</li> <li>-The inside and outside of the door had black dirt debris.</li> </ul> <p>Observation on 3/11/25 at 12:50 pm of Bedroom #3 revealed:</p> <ul style="list-style-type: none"> <li>-The blinds had broken slats.</li> </ul> <p>Interview with the Director/Owner revealed:</p> <ul style="list-style-type: none"> <li>-She recognized that the facility failed to ensure the facility was maintained in a clean, safe, and attractive manner.</li> <li>-She would address the areas of concern.</li> </ul> <p>Interview on 3/11/25 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> <li>-She repeatedly changed blinds, but the clients would continuously break them.</li> <li>-Staff cleaned the facility and the clients continued to be untidy.</li> <li>-She'd have the walls cleaned.</li> <li>-She recognized and would address the issues.</li> </ul>	V 736		