STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL001-248			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		с	
		B. WING		03/27/2025		
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	COLLEGE X		OUTH CHURCH STR GTON, NC 27216	EET		
	SUMMARY S			PROVIDER'S PLAN OF (		0.00
(X4) ID PREFIX TAG	(EACH DEFICIENC	LATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
∨ 000	INITIAL COMMENTS		V 000			
	A complaint survey was completed on March 27, 2025. The complaint was substantiated (intake #NC00228167). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.					
	-	rrent census of 16. The sted of audits of 3 current				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		REMENTS				
		n and interviews, the facility a safe, clean and attractive				
	revealed:	/25 at 8:45 a.m. of the facility as one large room with				
	-There were black ar in the day program re -Some areas of the c	nd brown stains on the carpet com and staff offices. carpet near and under client's and tearing and held down				
	with tape. Interview on 3/27/25					
	Manager/Qualified P -The company was a	rotessional revealed: ware of the stains and				

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## PRINTED: 03/31/2025 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		C	
		MHL001-248	B. WING		03	5/27/2025
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
INDLEY	COLLEGE X		OUTH CHURCH STR GTON, NC 27216	EET		
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V 736	tearing of the carpet -They were suppose November 2024.	for over one year. d to get new flooring in update for when the new	V 736	DEFICIE		

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