PRINTED: 03/12/2025 FORM APPROVED

Division	of Health Service Re				FORM APPROV
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-105		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	the second second	TIPLE CONSTRUCTION NG:	(X3) DATE SURVEY COMPLETED
		B. WING		R	
NAME OF PROVIDER OR SUPPLIER STREET A		ADDRESS, CIT	Y, STATE, ZIP CODE	03/11/2025	
AMAT G	ROUP HOMES, LLC #	7616 US	HIGHWAY	421 SOUTH	
(X4) ID	SHMMADV STAT	ERWIN,	NC 28339		
PREFIX TAG	REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL (CONTROL (CO	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D BE
∨ 000	INITIAL COMMENT	S	V 000		
	An annual and follow up survey was completed on March 11, 2025. A deficiency was cited.			RECE	IVED
	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.			MAR 20	2025
				DHSR-MH Lice	nsure Sect
					Implementali Date: 3/11
1	27G .0303(c) Facility and Grounds Maintenance		V 736	V736-QP Willen	SUCE Date: 3/11/
	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 citchen area revealed: The bottom front of the stove had a brownish tain 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 and 2 broken slats. The windowpane had black dirt debris. Service Regulation			the Stove, Wall ber	nind
				the garbage can, and Window pane are convirted approved clear	nd reaned
				agents to ensure hygine star are met	ndards
-1 st -1 w				V7310 - QP WILL rep Window blinds with Curtains.	
-T ha				1736-QP Will replace	Implementation Date: 3/20/25 Completion
-T				vanity light in bat with a new one.	n100m WE:31
TORY DIR	RECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNA	TURE	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					
		MHL043-105	B. WING		R 03/11/2025					
'NAME OF	PROVIDER OR SUPPLIER	STREET AD	STATE, ZIP CODE							
AMAT GROUP HOMES, LLC #3 7616 US HIGHWAY 421 SOUTH ERWIN, NC 28339										
(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 SHOUL CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE COMPLETE					
V 736	Continued From page 1		V 736		Implementation Date: 3/11/25					
	-There were 2 light bulbs missing from the vanity			V736-QP Willensur	t completion					
	lightThe base of the toilet had black stains around it.			VUITITY HIGHT DUIDS						
	Observation on 3/11/25 at 12:40 pm of Bedroom			are properly replaced						
	# 1 revealed: -A strong smell of urine.			as needed to ensure						
	-A strong smell of uniteThere was black dirt debris on the walls.			adequate lighting.						
	Observation on 3/11/25 at 12:45 pm of Bedroom #2 revealed:			adequate lighting. 1736-QP Will ensure Date: 3/11/25 to Het base is cleaned part: 3111/25 With approved cleaning						
	-The blinds had broken slats.									
	-The inside and outside of the door had black dirt debris.			agents,	Implementation					
	Observation on 3/11/25 at 12:50 pm of Bedroom #3 revealed:			1736 - QP WILLENSU	TE Completion Date: 3/1/15					
	-The blinds had broken slats.			that bedroom v	MINIS AIC					
	Interview with the Director/Owner revealed: -She recognized that the facility failed to ensure			Cleaned and bed Will be cleaned	(D) (A					
	the facility was maintained in a clean, safe, and attractive mannerShe would address the areas of concern.			routine Schedul	e 10					
				routine schedul	ordrizing					
	Interview on 3/11/25 with the Director/Licensee			methods to adv	lmplementation cor					
	revealed: -She repeatedly cha	nged blinds, but the clients	6	Urine Smell. : V736-QP Will replace i	Date: 3111/25					
	would continuously break them.			With Curtains. QP						
	 -Staff cleaned the facility and the clients continued to be untidy. 			inside and outside	of door is					
	 She'd have the wall She recognized and 	s cleaned. d would address the issues.		Cleaned.	Implementation Co Date: 3/11/25					
				20	Date: 311165					
				V736-QP WIII replace	tains to					
				plinds with cur ensure facility is m	10(11)					
				a Clean, safe, and o	attractive					
				manner.						
	alth Service Pegulation									

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