	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL086-032	B. WING	<del></del>	04/21/2025	
NAME OF PI	ROVIDER OR SUPPLIER	115 PEA	ADDRESS, CITY, STATE ACE LILY LANE N, NC 27017	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 000	An annual survey was 2025. Deficiencies we This facility is licensed category: 10A NCAC Living for Adults with A sister facility is in the sister facility A.  This facility is licensed.	d for the following service 27G .5600C Supervised Developmental Disability. is report and identified as d for 9 and has a current ey sample consisted of	V 000			
V 732	(1) fire protection is an (2) water supply, sew disposal services hav local health departme (3) occupants are not pollutants that may cohealth, safety, and we	B LOCATION AND EMENTS be located on a site where: vailable; age and solid waste e been approved by the nt; exposed to hazards and onstitute a threat to their	V 732			

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

TITLE (X6) DATE

DIVISION	n Health Service Negu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLI	ETED	
		MIII 006 022	B. WING		0.4/0	4/0005
		MHL086-032			04/2	1/2025
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		115 PEAC	E LILY LANE			
PEACE LII	LY #2	DOBSON	NC 27017			
0(0)15	SLIMMADV ST	ATEMENT OF DEFICIENCIES		DROVIDER'S DI AN OF CORRECTION		0/5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
				DEFICIENCY)		
V 732	Continued From page	. 1	V 732			
V 752	. •		V 752			
	the facility to ensure of	client safety in the event of				
	an emergency. The fi	ndings are:				
		/25 at approximately 9:04				
	am and 4/21/25 at ap	proximately 12:40 pm of the				
	facility revealed:					
		posted of the facility's				
	location to facilitate re	esponse by emergency				
	personnel.					
		r facility A was not posted to				
		acilities which were located				
	parallel to one anothe	er, separated by a parking				
	area, and located beh	nind another facility.				
		the local county Emergency				
		rogram found on the county				
	government website r					
		E-911 Addressing Program				
		y and welfare of the general				
	public through the ord					
		the location of individual				
		ency response personnel."				
		iness located more than 100				
	•	/ and/or not clearly visible,				
	•	ave numerical posting at				
		driveway and located within				
	close proximity to the	front door or entrance way."				
	Into minute and 4/04/05 a					
		with the Director/Qualified				
	Professional revealed					
	•	resses of the facility and				
		osted on the mailbox at the				
	driveway entrance.					
	-She would make sur					
		or the location of each				
	facility.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL086-032	B. WING		04	1/21/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
PEACE LI	IV #2	115 PEA	CE LILY LANE			
PEACE LI	LT #2	DOBSON	N, NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736	736 Continued From page 2		V 736			
		EMENTS				
		n and interview, the facility clean, attractive and orderly				
	12:21 pm and 12:45 -The middle kitchen of approximately 50-60 inches in width was of colored areas and moverious sizesOn the kitchen stove burners contained muparticlesThe inside of the sto contained multiple, bistreaksThe top of the kitches stove and the refriger brown colored spotsThe external right sidleast 7 light brown colored.	countertop island which was inches in length x 20-30 covered in multiple red ultiple white colored areas of e, the drip bowl pans under 4 ultiple, black-colored ove oven and oven door lack-colored particles and en countertop between the rator had at least 10 light				
	kitchen sink and the with pink-colored are the towel which laid can be approximate underneath the sink of which had separated	ely 24 inches x 34 inches countertop had vinyl flooring near the front and close to lry wall exposed on the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL086-032	B. WING	<del></del>	04/21	/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DE AGE LI	137.40	115 PEACE	LILY LANE			
PEACE LI	LY #2	DOBSON, I	NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	Continued From page	e 3	V 736			
V 736	eating utensils had m particles in each of th -In Clients #3 and #7' bottom of the toilet ar which included the bahad multiple brown cosizesIn Clients #3 and #7' inside rim of the toilet had multiple and circular limited rim of the toilet had multiple and circular limited rim of the toilet had multiple and circular limited rim of the toilet had multiple and circular limited rimited ri	entainer which stored the ultiple light brown and black e eating utensil slots. It is shared bathroom, the ad floor tile around the toilet is seboard behind the toilet olored particles of various is shared bathroom, the and near the toilet drainular brown spots. It is shared bedroom: It is shared bedroom: It is shared bedroom: It is shared bedroom: It is shared to p mattress was 60 vertical tears and rizontal tears of various eets, and a gray, beige and rizontal tears of various eets, and rizontal tears of various eets, and rizontal tears of various eets, and rizontal tears of various eats eats eats eats eats eats eats eat	V 736			
	was removed last were the dishwasherClients #3 and #7's to replumbed or replace address the toilet area.	d. She would follow up and a.				
		Client #6's torn mattress. list of chores they are to do				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTR			(X3) DATE COMF	SURVEY PLETED		
		MHL086-032	B. WING		04	/21/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
PEACE L	ILY #2		CE LILY LANE N, NC 27017			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 736	daily and all staff who responsible for "going ensure the facility wa -She would follow up	worked at the facility were behind" each client to s clean and organized. with all staff to address the corganization found during	V 736			

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