Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
			A. BUILDING:									
		MHL054-184	B. WING		04/2	3/2025						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
BARNES GROUP HOMES, LLC 2 2017 EASTRIDGE CIRCLE KINSTON, NC 28504												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	FIVE ACTION SHOULD BE COMPLÉTE DATE							
V 000	INITIAL COMMENTS		V 000									
	An annual survey was completed on April 23, 2025. A deficiency was cited.											
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.											
		sed for 9 and has a current urvey sample consisted of clients.										
V 736	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.		V 736									
		on and interviews, the facility lin a clean, attractive, and										
	Observation on 4/2 10:35am a tour of t	3/25 at approximately he facility revealed:										
	greasy residue The shelf inside the stove was lifted The oven handle	ne stove was covered in a ne top cabinet to the left side of										
	hanging off Client #1's bottom track and would no	night stand drawer was off t close properly and there were y areas behind the night stand.										

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		MHL054-184	B. WING		04/2	23/2025				
NAME OF PROVIDER OR SUPPLIER  BARNES GROUP HOMES, LLC 2  STREET ADDRESS, CITY, STATE, ZIP CODE  2017 EASTRIDGE CIRCLE  KINSTON, NC 28504										
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE				
V 736	- The shoe molding dust and there was bath tub approxima bathroom Client #2, #6 and athe door with a brok was missing handle drawer.  Interview on 4/23/29 clients keep tearing the slats and that slivinyl covering on the linterview on 4/23/29.	behind the toilet had heavy a soft spot in the font of the tely 1 foot in size in the hall #7's bedroom had a blind on ten slat; the 5 drawer dresser as on the 1st, 2nd and 4th the blinds down and breaking ne would consider installing a	V 736							

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