STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		BENTI IO/TION NOWBEN.	A. BUILDING:				
		MHL098-197	B. WING			R 05/09/2025	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
YSEEM	'S UNITY GROUP HO	OME IIC #3	ST DEAN STRE I, NC 27893	ET			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on May 9, 2025. A deficiency was cited.						
	This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
		sed for 3 and has a census of pple consisted of audits of 3					
	27G .0303(c) Facil	ity and Grounds Maintenance	V 736				
	EXTERIOR REQU (c) Each facility and maintained in a sat	303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly be kept free from offensive	/				
	Based on observat was not maintained	et as evidenced by: tion and interview, the facility d in a safe, clean, attractive r. The findings are:					
	11:15am revealed: -The rear exterior s green substance.	/09/25 at approximately siding was covered with a off the kitchen, had a broken					
	window blind with r -The ceiling light in working and the gle fixture.	nissing slats. the rear hallway was not obe was missing over the light					
	the globe over the -There was a bug t sink with a dead in	rap underneath the kitchen sect on the trap.					
	-There were nume ealth Service Regulation	rous dead insects stuck to the					

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/S IDENTIFICAT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL098-197	7 B. WING		R 05/09/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS. CITY. S	STATE, ZIP CODE		
		404 WES	T DEAN STR			
KYSEEM	'S UNITY GROUP HO	MF.IIC#3	, NC 27893			
(X4) ID		TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	DATE
V 736	Continued From pa	ge 1	V 736			
	hood vent light over	the kitchen stove				
		inch insect trap was located				
		iter, to the left of the kitchen				
	sink. The trap had o					
	-The top of the baseboards between the stove					
	and refrigerator had a dark greasy residue and dirt build up.					
	-The kitchen ceiling fan had 4 of 4 ceiling fan					
		n dust build up extending along	1			
	the perimeters of each blade.					
	-The globe was missing from the light of kitchen					
	ceiling fan.					
		on the bottom right cabinet				
		e of the sink that were				
	approximately 3 inc					
		had approximately 7 blinds				
		nd bent on the right side of the				
	kitchen upon entry.					
		d a dark unknown greasy				
	build up. -The kitchen floor had miscellaneous debris on					
	the surface floor throughout the kitchen.					
		on of paint peeling from the				
		imately 6 inches in length over	•			
	the trash can.	, ,				
	-There was 1 of 3 d	ining table chairs with a loose				
	front right leg.					
		ining table chairs with				
		n and pink stains to the fabric				
	5	exterior of the seat cushion.				
		v in the dining room had dead				
		sill and cob webs with dead				
		ft corner of window. ght fixture was missing the				
		fixture and 2 of 3 lights were				
	not working.					
		thermostat had missing paint				
	approximately 4 to					
		por had bits of debris on the				
		and there were brown liquid				
Division of H	ealth Service Regulation	·	P			1

Division	of Health Service Re	egulation			FORM	APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						R
		MHL098-197	B. WING			09/2025
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		404 WES	T DEAN STRE			
KYSEEN	I'S UNITY GROUP HO	MF.IIC#3	, NC 27893			
(X4) ID	_		ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T		COMPLETE DATE
1/10		,	1/10	DEFICIENCY		
V 736	Continued From pa	une 2	V 736			
1.00		-	1100			
		ly 3 foot high and 4 foot in				
	5	n the wall to the right of the				
	dining room table.					
	-A smoke detector located to the right upon entry					
	to client #2's bedroom was chirping at					
	approximately 45 second intervals					
	-There were 2 of 2 lights in the shower area did not work.					
	-The faucet handle in the shower was loose and					
	the shower vent had come loose from the tiled					
	ceiling.					
	-The drain in the shower was loose and lifted					
	from bottom of shower tile.					
	-The smoke detector located on the wall outside					
	of client #3's bedroom was chirping at					
	approximately 45 second intervals.					
	-The light fixture in the hallway was missing the					
		vent was covered with dust.				
		client #3's bedroom did not				
	work and there was	s no globe.				
	-The top of the bas	eboard between client #3's				
	bed and the nightst	and was covered with a film of	F			
		g the length of the wall.				
		le in client #3's bedroom had a	1			
		dark brown discoloration.				
		eiling over client #3's bed had a	a			
	0	o 3 inches around the				
	perimeter of the 8 in					
		entry into client #3's room,				
		ains running approximately 6				
	feet down the wall.	o omoli competin frant af the				
		e small carpet in front of the				
	toilet was completely stained.					
	-A piece of linoleum approximately 3 inches - 8 inches in size was loose from the floor located					
		et to the left in front of the toiled				
	in bathroom #2.					
		oilet bowl in bathroom #2 had				
		ng along the rim of the toilet				
		bottom of the toilet seat				
vision of L	lealth Service Regulation					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMB		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL098-197	B. WING		R 05/09/2025	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
YSEEM	'S UNITY GROUP HO		ST DEAN STRE	ET		
		WILSON	, NC 27893			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	age 3	V 736			
	the seat hinges.	nately 12 inches in length near nd the bathtub in bathroom #2				
	was loose and lifter approximately 2 to	d from the side of bathtub 4 inches in 2 areas.				
	-There was 1 of 2 light bulbs missing above the sink in bathroom #2. -There were lines of an aqua blue substance					
	extending approxin to 4 inches in heigh right upon entry inte	nately 6 inches in length and 3 nt located on the wall to the o client #1's bedroom. h area of paint peeling near the				
	stated: -The facility had pu	/25 Qualified Professional #1				
	yet. -She understood th	ne blinds had not been installed ne facility was required to be fe, clean, attractive and orderly				
		s been cited 3 times since the vember 18, 2022 and must be days.				

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