PRINTED: 05/27/2025 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-546				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL092-546	B. WING		05/20/2025		
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
CANAAN	I CARE HOME		WALDO STRE	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on 5/20/25. A deficiency was cited.						
	The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
	This facility is licensed for 6 and has a current census of 2. The survey sample consisted of audits of 2 current clients.						
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	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.		,				
		ion and interview, the facility I in a clean, and attractive					
	Observation on 5/2 revealed:	0/25 at approximately 9:15am					
	 2 sliding closetand leaned againstFloor molding h	nad a black substance on it					
	- The windowsill covered with a laye	and had peeling paint near the bathroom was r of dust in the wall below the					
	windowsill about 12	2 inches long					
	Client #1's bedroon	n:					

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Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-546	B. WING		05/	20/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
CANAAN	I CARE HOME	429/431 \ CARY, N	WALDO STRE C 27511	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 page 1		V 736			
	- The ceiling vent had black substance around it					
	Hallway Bathroom: - The paint to the left of the sink was peeling off					
	Hallway: - A dark brown stain about a foot in circumference was on the ceiling					
	the entire bottom o - The molding or and black marks	tches and black marks across	8			
	long was missing fr - A piece of the f	countertop about 12 inches rom behind the oven ront of the countertop about 6 ssing/chipped away				
	dented and smashe	e car below the window was				
	pine-straw - There was ove left bumper/headlig	rgrown brush around the front ht				
	- They were wor facility	5 with Staff #1 stated: king on renovations for the				
	clean the vents tod - A tree fell on hi	ers were coming today to ay s car "some time ago" offered to purchase the car				

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Division of Health Service R STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-546	B. WING		05/	20/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CANAAN	I CARE HOME		WALDO STREI	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	"some time ago", b - Could not recal ago" was Interview on 5/20/2 - They were mak - The renovation little" - They plan to ha completed by Augu - They have not he knew the house	ut the sale did not happen I when exactly "some time 5 with the Licensee stated: sing renovations to the facility s were getting done "little by ave all the renovations st 2025 taken any new clients because needed renovations the car "not too long ago," but er exactly when	V 736	DEFICIENC	ΣΥ)	
	ealth Service Regulation					

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