

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER NORTH WILLOW STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 89 NORTH WILLOW STREET ANGIER, NC 27501		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on May 20, 2025. A deficiency was cited. 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 six and has a current census of four. This survey sample consisted of audits of three current clients.	V 000		
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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and free from offensive odor manner. The findings are: Observation on 5/15/25 at approximately 4:10pm the revealed: -Client #1 room had an odor of musk with trash and clothing on the floor. -Client #4 room had clothing on the floor, odor of musk and trash overflowing from the trashcan onto the floor. -Bathroom #1 paint was peeling on the wall behind the toilet, had a soiled bathtub mat showing mold on the underside and edges, dusty paper towel holder, spots of toothpaste in the sink, water splattered on the mirror and a sock tied around the shower head faucet. -Bathroom #2 smelled of urine, toilet tissue on the	V 736		

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

TITLE

(X6) DATE

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V 736	<p>Continued From page 1</p> <p>floor and a soiled bathtub mat with mold on the underside and edges.</p> <p>Interview on 5/15/25 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> -Clients were responsible for keeping their rooms clean and needed to do a better job. -Staff were to assist in maintaining cleanliness of the home along with the clients. -She was not made aware of any issues regarding the shower head faucet. <p>Interview on 5/20/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -She was not sure why there was a sock wrapped around the shower head faucet. -She would follow up to see if a maintenance request had been submitted. -Once a request is submitted, the maintenance person will come out as soon as possible to address the issue. 	V 736		