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OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	MUI 013 096	B. WING		R 06/30/2025	
			06	/30/2025	
CONDERVOR SOFT ELER			, ZII GODE		
IS COUNTY GROUP HO)ME #4				
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLE THE APPROPRIATE DATE	
INITIAL COMMENTS		V 000			
An annual and follow up survey was completed on 6-30-25. A deficiency was cited.					
This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disability.					
	2				
27G .0303(c) Facility	v and Grounds Maintenance	V 736			
EXTERIOR REQUIR (c) Each facility and maintained in a safe	REMENTS its grounds shall be , clean, attractive and orderly				
Based on observation failed to be maintain manner and shall be	ns and interviews the facility ed in a clean, attractive kept free from offensive				
revealed: -Two bedrooms had strong, foul odor	on the left side of the house				
top of each other on -The shared bat	the bed. hroom on the left side of the				
strong, foul odor, she substances on the sl shelves, and the trac	ower had brown and black hower floor, the shower cks of the shower door, the				
	ROVIDER OR SUPPLIER IS COUNTY GROUP HC SUMMARY S' (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS An annual and follow on 6-30-25. A deficie This facility is license category: 10A NCAC Living for Adults with This facility is license census of 5. The sur current clients. 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIF (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not met Based on observation failed to be maintain- manner and shall be odors. The findings a Observation on 6-30 revealed: -Two bedrooms had strong, foul odor -1 bedroom had top of each other on -The shared bat house: had a wet flo strong, foul odor, sho substances on the sl shelves, and the trace	IDENTIFICATION NUMBER: IMIL013-086 ROVIDER OR SUPPLIER STREET A IS COUNTY GROUP HOME #4 169 SPR CONCOL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on 6-30-25. A deficiency was cited. This 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 currently has a census of 5. The survey sample consisted of 3 current clients. 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 observations and interviews the facility failed to be maintained in a clean, attractive manner and shall be kept free from offensive odors. The findings are: Observation on 6-30-25 at approximately 5:00pm	operation IDENTIFICATION NUMBER: A. BUILDING: MHL013-086 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE IS COUNTY GROUP HOME #4 169 SPRING STREET CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC. IDENTIFYING INFORMATION) ID PREFIX TAG INITIAL COMMENTS V 000 An annual and follow up survey was completed on 6-30-25. A deficiency was cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disability. V 736 This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of 3 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. V 736 This Rule is not met as evidenced by: Based on observations and interviews the facility failed to be maintained in a clean, attractive manner and shall be kept free from offensive odors. The findings are: Observation on 6-30-25 at approximately 5:00pm revealed: . Two bedrooms on the left side of the house had strong, foul odor. . The shared bathroom on the left side of the house: had a wet floor around the toilet and had a strong, foul odor, shower had brown and black substances on the shower floor	OPE CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL013-086 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, GITY, STATE, ZIP CODE 195 COUNTY GROUP HOME #4 169 SPRING STREET CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES [READ PERCIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION] PD PROVIDER'S PLAN OF (READ CORRECTIVE AC (CROSS-REFERENCE) TO DEFICIENT INITIAL COMMENTS V 000 An annual and follow up survey was completed on 6-30-25. A deficiency was cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disability. V 736 This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of 3 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 ananner and shall be kept free from offensive odor. V 736 This Rule is not met as evidenced by: Based on observations and interviews the facility failed to be maintained in a clean, attractive ananner and shall be kept free from offensive odors. The findings are: Observation on 6-30-25 at approximately 5:00pm revealed: -Two bedrooms on the left side of the house had strong, foul odor. -1 bedroom had several bed pads piled on top of each other on the bed. -The shared bathroom on the left side of t	FE CORRECTION IDENTIFICATION NUMBER A BUILDING: COM MHL 013-066 B: WING 06 X0VIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IS COUNTY GROUP HOME #4 199 SPRING STREET CONCORD, NC 28025 ISLEAM DEFICIENCY MUST BE PRECEDED BY FULL RECAL DEFICIENCY OR LSC DEPITIFIXING INFORMATION) ID PREFIX TAG PROVIDERS FLAN OF CORRECTION (EACH CORRECTIVE ACTION ADOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS V 000 V 000 An annual and follow up survey was completed on 6-30-25. A deficiency was cited. V 000 This facility is licensed for 6 and currently has a category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disability. V 736 This facility and Ergounds shall be maintained in a safe, clean, attractive ananner and shall be kept free from offensive odor. V 736 Observation on 6-30-25 at approximately 5:00pm revealed. - Now bedrooms on the left side of the house had strong, foul door. - I bedroom hat begin to foll down and black substances on the shower floor, the shower floor, shower had brown and black substances on the shower floor, the shower V 736

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-086		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			R	
		MHL013-086			06/30/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
CABARRI	JS COUNTY GROUP HO	MF #4	RING STREET RD, NC 28025				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLET D THE APPROPRIATE DATE		
V 736	Continued From page 1		V 736				
	from the wall, approx wall, brown substand bottom of the toilet, b smeared on the toilet substance was encru the door jamb had lig left portion of the door -Back door had inside of the door. -Front door had paint on the door jam inches long. -Outside back do cracked over the door -Outside window webs removed. Interview on 6-30-25 -She was a subs the facility before. -The clients clea supposed to ensure Interview on 6-30-25 revealed: -The staff there regular staff had surg -She knew that f repainting. -They were not a windows with vinyl b historic district. -She would ensu	usted on the lid bolt covers, ght brown marking along the or jam, brown marking along the several strips of missing nb one approximately 6 oor had paint chipped and or. vs need painting and spider with Staff #3 revealed: stitute staff but has worked in an, but staff are always cleanliness in the house. with the Administrator now were substitutes as the					

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