

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/30/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>169 SPRING STREET</b> <b>CONCORD, NC 28025</b>		
(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 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.	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 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. -1 bedroom had several bed pads piled on top of each other on the bed. -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, the shower shelves, and the tracks of the shower door, the wall by the toilet had brown streaks running down	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>the wall, the paper towel hanger was hanging from the wall, approximately 1 inch away from the wall, brown substance was encrusted around the bottom of the toilet, brown substance was smeared on the toilet seat and lid, brown substance was encrusted on the lid bolt covers, the door jamb had light brown marking along the left portion of the door jam,</p> <ul style="list-style-type: none"> <li>-Back door had brown marking along the inside of the door.</li> <li>-Front door had several strips of missing paint on the door jamb one approximately 6 inches long.</li> <li>-Outside back door had paint chipped and cracked over the door.</li> <li>-Outside windows need painting and spider webs removed.</li> </ul> <p>Interview on 6-30-25 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-She was a substitute staff but has worked in the facility before.</li> <li>-The clients clean, but staff are always supposed to ensure cleanliness in the house.</li> </ul> <p>Interview on 6-30-25 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-The staff there now were substitutes as the regular staff had surgery.</li> <li>-She knew that the windows needed repainting.</li> <li>-They were not allowed to replace the windows with vinyl because the house was in an historic district.</li> <li>-She would ensure that all staff understood that they needed to keep the facility clean.</li> </ul>	V 736		