Division of Hea	Division of Health Service Regulation						
STATEMENT OF DI AND PLAN OF COF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL092-546	B. WING		05/20/2025		
NAME OF PROVID	ER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
CANAAN CAR	E HOME	429/431 W CARY, NO	/ALDO STRI 27511	EET			
	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE		
V 000 INITI	AL COMMEN	rs	V 000				
The tacated Livin This cens	iency was cite facility is licens gory: 10A NCA g for Adults wit facility is licens us of 2. The si s of 2 current	sed for the following service C 27G .5600C Supervised h Developmental Disability. sed for 6 and has a current urvey sample consisted of	V 736	RECEIVED BY MHL & C 8-6-25			
EXTI (c) E main mani odor This Base was mani Obse revea A vac - 2 and I - F abou - T cove - Wind	ERIOR REQU ach facility and tained in a safe ner and shall be Rule is not me ad on observati not maintained ner. The findin ervation on 5/2 aled: cant bedroom a sliding closet leaned against Floor molding be at 3 inches long The windowsill red with a laye	d its grounds shall be e, clean, attractive and orderly he kept free from offensive et as evidenced by: on and interview, the facility d in a clean, and attractive gs are: 0/25 at approximately 9:15am set up for two clients: doors that were off the hinges the wall had a black substance on it g and had peeling paint hear the bathroom was er of dust in the wall below the 2 inches long		Corrective Actions: All physical deficiencies cited dusurvey (including closet doors, myents, windowsills, cracks, scratestains, and damaged countertops) repaired, cleaned, or replaced. The damaged vehicle will be remethe property, and all surrounding be cleared. All necessary painting, dusting, a cleaning will be completed through affected areas of the home. All cited deficiencies will be corrected. Measures to Prevent Recurrence: A monthly facility and grounds in checklist has been implemented. Staff will complete a bi-weekly countered and maintenance review to ensure remain in compliance with cleanly safety standards for 3 months the thereafter. Renovations already in progress a continue as planned, with contract oversight through completion. Monitoring: The Administrator will conduct be inspections of the facility and groweekly then monthly thereafter. Documentation of inspections and corrective actions will be logged.	and		

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Division of Health Service Regulation		monthly to ensure sus	stained compliance.
Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESEN	TATIVE'S SIGNATURE	TITLE	(X6) DATE
STATE FORM	6899	63EK11	If continuation sheet 1 of 3

Division of Health Service Regulation

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 CANAAN CARE HOME STREET ADDRESS, CITY, STATE, ZIP CODE 429/431 WALDO STREET CARY, NC 27511							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 736	- The ceiling ven it Hallway Bathroom: - The paint to the off Hallway: - A dark brown striction circumference was Client #2's bedroom: - Horizontal scrathe entire bottom of: - The molding or and black marks: - The ceiling ven around it Kitchen: - A piece of the clong was missing frenches long was mi	thad black substance around eleft of the sink was peeling tain about a foot in on the ceiling n: tches and black marks across f the door in the door frame had scratches thad a black substance countertop about 12 inches com behind the oven ront of the countertop about 6 ssing/chipped away the yard: c car below the window was ed vered with leaves and rgrown brush around the front ht with Staff #1 stated: king on renovations for the ers were coming today to	V 736				

Division of Health Service Regulation

STATE FORM 6899 63EK11 If continuation sheet 2 of 4

Division of Health Service Regulation

1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
MHL092-546	B. WING		05/2	0/2025	
CANAAN CARE HOME 429/431 WALDO STREET CARY, NC 27511					
MENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE	
2	V 736				
"some time ago", but the sale did not happen - Could not recall when exactly "some time ago" was					
with the Licensee stated: g renovations to the facility were getting done "little by all the renovations 2025 en any new clients because eded renovations e car "not too long ago," but exactly when we the car					
	MHL092-546 STREET ADD 429/431 W CARY, NO ENT OF DEFICIENCIES ET BE PRECEDED BY FULL DENTIFYING INFORMATION) 2 The sale did not happen then exactly "some time with the Licensee stated: renovations to the facility there getting done "little by all the renovations 2025 en any new clients because the eded renovations to car "not too long ago," but exactly when	MHL092-546 STREET ADDRESS, CITY, S 429/431 WALDO STRE CARY, NC 27511 ENT OF DEFICIENCIES ET BE PRECEDED BY FULL DENTIFYING INFORMATION) PREFIX TAG V 736 The sale did not happen then exactly "some time with the Licensee stated: renovations to the facility there getting done "little by all the renovations any new clients because the ded renovations are car "not too long ago," but exactly when	MHL092-546 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 429/431 WALDO STREET CARY, NC 27511 ENT OF DEFICIENCIES IT BE PRECEDED BY FULL DENTIFYING INFORMATION) PREFIX TAG TAG PREFIX TAG PREFIX CROSS-REFERENCED TO THE APPROF DEFICIENCY) V 736 The sale did not happen nen exactly "some time with the Licensee stated: renovations to the facility ere getting done "little by all the renovations 2025 The nany new clients because deded renovations for any new clients because deded renovations for ar "not too long ago," but exactly when	MHL092-546 B. WING	

Division of Health Service Regulation

STATE FORM 6899 63EK11 If continuation sheet 3 of 4