

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/08/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE EMMANUEL HOME III</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5212 SWEETBRIAR DRIVE</b> <b>RALEIGH, NC 27609</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 August 8, 2025. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600C. Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits 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 observation and interviews, the facility was not maintained in a safe, clean and attractive manner. The findings are:  Observation on 8/7/25 at 1:30 p.m. of the facility revealed: -The dishwasher in the kitchen was removed and there were exposed cords and miscellaneous items in the space. -The kitchen stove bottom drawer was off track or broken. -Cabinet under the sink did not close all the way.  Bathroom and bedrooms on the first floor revealed: -The bottom of the mirror was shredding. -The soap dispenser did not close. -There was brown dust or rust on the hall wall	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>vent.</p> <p>-There were cable cords hanging from the wall in client #1's bedroom #4.</p> <p>-Two window slats were broken in client #4's bedroom #3.</p> <p>Bathroom and bedrooms on the lower level revealed:</p> <p>-Shower tile had brown stains on four rows from the bottom of shower.</p> <p>-The caulk strip around the toilet was peeling and rusting.</p> <p>-Carpet was torn running from the closet to under a recliner chain in client #6's bedroom #1.</p> <p>Interview on 8/7/25 with Staff #1 revealed:</p> <p>-The dishwasher was removed about three weeks ago.</p> <p>-The dishwashing was over flooding and leaked out to the laundry area.</p> <p>-There was new flooring in the kitchen and office area.</p> <p>Interview on 8/8/25 with the Executive Director revealed:</p> <p>-She would contact a contractor today to replace and fix items identified.</p> <p>-Previous staff were responsible for conducting a health and safety inspection of the facility.</p> <p>-She had to assign another staff to conduct the inspection going forward.</p> <p>This deficiency has been cited 3 time(s) since the original cite on March 9, 2023 and must be corrected within 30 days.</p>	V 736		