

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  R <b>08/08/2025</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**THE EMMANUEL HOME III**

**5212 SWEETBRIAR DRIVE  
RALEIGH, NC 27609**

(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on August 8, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C. Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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.</p> <p>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:</p> <p>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.</p> <p>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</p>	V 736		

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AUG 21 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Leanne M. Douthett*

8-21-2025

*Executive Director* 8-21-25

STATE FORM

6899

0JVB11

If continuation sheet 1 of 2

Division of Health Service Regulation

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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	This deficiency will be corrected by the following actions: A. The management has contacted a contractor for the dishwasher area, kitchen stove, cabinet and bathroom needs. B. The dishwasher area has been cleaned and debris removed. The area has now been covered and secured with a plywood cover, so the exposed wiring is no longer visible and no longer poses a safety hazard. The kitchen stove has been replaced. Cabinet hardware has been repaired and now closes with ease. The bathroom mirror has been reframed. The soap dispenser was repaired. The wall and vent have been cleaned and repainted. The window slate in client #4's room has been replaced with new material. C. QP will monitor and document repairs as needed monthly. D. Management will monitor and document health and safety needs monthly and as needed during site reviews.	

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If continuation sheet 1 of 2

PRINTED: 08/11/2025

FORM APPROVED

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V 736	<p>Continued From page 1</p> <p>vent.</p> <ul style="list-style-type: none"> <li>-There were cable cords hanging from the wall in client #1's bedroom #4.</li> <li>-Two window slats were broken in client #4's bedroom #3.</li> </ul> <p>Bathroom and bedrooms on the lower level revealed:</p> <ul style="list-style-type: none"> <li>-Shower tile had brown stains on four rows from the bottom of shower.</li> <li>-The caulk strip around the toilet was peeling and rusting.</li> <li>-Carpet was torn running from the closet to under a recliner chair in client #6's bedroom #1.</li> </ul> <p>Interview on 8/7/25 with Staff #1 revealed: -</p> <ul style="list-style-type: none"> <li>The dishwasher was removed about three weeks ago.</li> <li>-The dishwashing was over flooding and leaked out to the laundry area.</li> <li>-There was new flooring in the kitchen and office area.</li> </ul> <p>Interview on 8/8/25 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-She would contact a contractor today to replace and fix items identified.</li> <li>-Previous staff were responsible for conducting a health and safety inspection of the facility. -</li> <li>She had to assign another staff to conduct the inspection going forward.</li> </ul> <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	<ul style="list-style-type: none"> <li>A. The bathroom downstairs has been renovated and completed on 8/21/2025. A contractor has been contacted regarding the carpet and will be replaced with new flooring by August 30, 2025.</li> <li>B. QP will monitor and document repairs as needed monthly.</li> <li>C. Management will monitor and document health and safety needs monthly and as needed during site reviews.</li> </ul>	
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