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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION |   | (X3) DATE SURVEY<br>COMPLETED |                  |  |  |
|---|---|---|----------------------------|---|-------------------------------|------------------|--|--|
| AND LAN OF CONNECTION                                   |   |   | A. BUILDING: _             |   |                               |                  |  |  |
|   |   | MHL034-211  | B. WING                    |   | 08/28/2025                    |                  |  |  |
| NAME OF P   | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  |   |                            |   |                               |                  |  |  |
| CHEVAL GROUP HOME 8380 CHEVAL STREET CLEMMONS, NC 27012 |   |   |                            |   |                               |                  |  |  |
| (X4) ID   | SUMMARY ST  | ATEMENT OF DEFICIENCIES   | ID ID                      | PROVIDER'S PLAN OF CORRECTIO  | N                             | (X5)             |  |  |
| PREFIX<br>TAG   | (EACH DEFICIENC)  | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG              | (EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY) | BE                            | COMPLETE<br>DATE |  |  |
| V 000   | INITIAL COMMENTS  |   | V 000                      |   |                               |                  |  |  |
|   | An annual survey was 2025. A deficiency was   | s completed on August 28,<br>as cited.  |                            |   |                               |                  |  |  |
|   | This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.   |   |                            |   |                               |                  |  |  |
|   | •   | d for 5 and has a current rey sample consisted of ent.  |                            |   |                               |                  |  |  |
| 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.   |   |                            |   |                               |                  |  |  |
|   | This Rule is not met<br>Based on observation<br>failed to be maintaine<br>manner. The findings  | n and interview, the facility<br>d in a safe and clean  |                            |   |                               |                  |  |  |
|   | pm to 3:55 pm reveal<br>-The staff bathtub are<br>bottom of the bathtub<br>3.5'-4.0' in length had<br>more than 50 black-co<br>areas that were less t<br>Additionally, the wate<br>water to flow either in<br>shower head was not<br>-The client bathtub hat<br>the back wall of the tu | und the water drain and the which was approximately black discoloration with colored particles or chipped than ½ inch in diameter. It control lever which allowed to the bathtub or through the |                            |   |                               |                  |  |  |

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

(X6) DATE TITLE

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | ' '                 | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:   |                                |                          |
|---|--|--|---------------------|--|--------------------------------|--------------------------|
|   |  | MHL034-211   | B. WING             |  | 08                             | 3/28/2025                |
| NAME OF F   | PROVIDER OR SUPPLIER   | STREET   | DDRESS, CITY, STATE | , ZIP CODE   |                                |                          |
| CHEVAL  | GROUP HOME   | 8380 CH  | EVAL STREET         |  |                                |                          |
| CHEVAL  | GROOF HOME   | CLEMM  | ONS, NC 27012       |  |                                |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC  | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF C<br>(EACH CORRECTIVE ACTIC<br>CROSS-REFERENCED TO TH<br>DEFICIENCY | ON SHOULD BE<br>HE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| V 736   | the top wall side neal separated from the wall and more than 50-75 sharp edges around top, right and left side right interior door of the which read "Do Not Be and to hospitalized.  She had returned to hospitalized.  She requested not the shear edges around to hospitalized.  She requested not the facility.  Interview on 8/27/25  The staff bathroom when addited to the facility.  The water was slow which may have caute she did not know which may have caute she was not aware top near the shower wall, and this area neal she was not aware top near the shower wall, and this area neal she was not aware top near the shower wall, and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and this area neal she was not aware top near the shower wall and the she was not aware to the she was not aware top near the she was not aware to the she was not aware to the she was not aware | r the shower head was vall. plass door in the dining room is pieces of broken glass with the exterior door pane on the es. A sign was posted on the the double-paned glass door Exit" and "Manager."  with Client #1 revealed: the facility from having been to continue with the interview. any concerns about repairs to any concerns about repairs to drain in the staff bathtub sed the discoloration. The had caulked the broken the bathtub surround at the head had separated from the eeded to be caulked. The double-paned glass door in the caused the exterior paned the exterior glass door and said the glass door and said | V 736               |  |                                |                          |

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STATE FORM 5899 ZVJL11 If continuation sheet 2 of 3

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|--|---|---|--|---|------------------------------|-------------------------------|--|
|  |   | MHL034-211  | B. WING                                  |   | 08                           | 3/28/2025                     |  |
| NAME OF P  | ROVIDER OR SUPPLIER   | STREET AL   | DDRESS, CITY, STAT                       | E, ZIP CODE   |                              |                               |  |
| CHEVAL (   | GROUP HOME  |   | NS, NC 27012                             |   |                              |                               |  |
| (X4) ID<br>PREFIX<br>TAG                         | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY | N SHOULD BE<br>E APPROPRIATE | (X5)<br>COMPLETE<br>DATE      |  |
| V 736  | door" when asked ho of the facility if a fire with building.  Interview on 8/28/25 of Officer revealed: -The handyman assedining room area and repair the doorShe had contacted a about making the repubathtubs in the facility company was coming at 4:00 pm to meet with the facility of the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility of the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was coming at 4:00 pm to meet with the facility company was company | w a client get out of the back were located in front part of with the Chief Executive ssed the glass door in the determined he could not construction company airs to the glass door and y, and the construction g to the facility this afternoon ith Staff #1. | V 736                                    |   |                              |                               |  |

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