

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-211</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHEVAL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8380 CHEVAL STREET CLEMMONS, NC 27012</b>
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(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	<b>INITIAL COMMENTS</b>  An annual survey was completed on August 28, 2025. 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 5 and has a current census of 1. The survey sample consisted of audits of 1 current client.	V 000	<b>V 736</b>  The facility will continue to work with the House Director to ensure each facility and its grounds are maintained in a safe, clean, attractive and orderly manner. The facility will be kept free from offensive odor.	9/21/25
V 736	<b>27G .0303(c) Facility and Grounds Maintenance</b>  <b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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 interview, the facility failed to be maintained in a safe and clean manner. The findings are:  Observation of the facility on 8/27/25 from 3:27 pm to 3:55 pm revealed: -The staff bathtub around the water drain and the bottom of the bathtub which was approximately 3.5'-4.0' in length had black discoloration with more than 50 black-colored particles or chipped areas that were less than 1/2 inch in diameter. Additionally, the water control lever which allowed water to flow either into the bathtub or through the shower head was not working. -The client bathtub had a caulked linear area at the back wall of the tub which was approximately 2 feet in length and was cracked approximately 1 1/2 feet in length. Additionally, the tub surround at	V 736	<b>V 736</b>  Staff bathrooms in the home are getting Remodeled (i.e. dis-coloration around the water drain and black particles in the tub or chipped areas, water control level. In the client bathroom, the following are repaired: caulked linear area at the back wall of tub, tub around the wall near side was separating from the wall. The double-paned glass in dining room will be repaired (i.e. broken glass with sharp edges and sign on door Stating "Do not enter" will be removed.  The QP will conduct quarterly house inspections of homes to ensure each facility and its grounds are maintained, safe, clean, attractive, and orderly fashion.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Brenda Harris* TITLE *Qualified Professional* (X6) DATE



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V 736	<p>Continued From page 2</p> <p>door" when asked how a client get out of the back of the facility if a fire were located in front part of the building.</p> <p>Interview on 8/28/25 with the Chief Executive Officer revealed:</p> <ul style="list-style-type: none"> <li>-The handyman assessed the glass door in the dining room area and determined he could not repair the door.</li> <li>-She had contacted a construction company about making the repairs to the glass door and bathtubs in the facility, and the construction company was coming to the facility this afternoon at 4:00 pm to meet with Staff #1.</li> <li>-She did not provide documentation about a work order for the repairs needed.</li> </ul>	V 736		