

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/13/2026
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NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC- 613 MCIVER STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 613 MCIVER STREET SANFORD, NC 27330
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on January 13, 2026. 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 Disability.</p> <p>This facility is licensed for 6 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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 interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 1/13/26 at 9:40 am revealed: -Dining Area- There were 3 wall panels bubbling up and coming off from wall on right side of the window. Measuring about 24 inches long each panel. There were 2 wall panels bubbling up and coming off wall on left side of the window. Measuring about 12 inches long each. -Kitchen- There was a broken floor tile in front of the sink. The flooring underneath broken floor tile was soft. Measuring about 12 in X 6 in. -There was a water stain on corner of ceiling measuring about 3 ft X 2 ft. -Living Area- There was a wall panel bubbling up</p>	V 736		

Division of Health Service Regulation 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>and coming off wall behind couch. Measuring about 5 ft X 1 ft.</p> <ul style="list-style-type: none"> -There was a hole on wall next to door created by door knob. Diameter measuring about 3 inches wide. -Hall Bathroom - There was an unfinished patched up work on left wall next to toilet. Measuring about 12 in X 6 in. -There was an unfinished patched up work on right wall next to toilet. Measuring about 3 in X 2 in. Drywall also had a strip of about 3 inches long that was scrapped off. -There were water stains on the ceiling along with several black spots covering a section of about 2 ft X 2 ft. <p>Interview on 1/13/26 with Staff #4 revealed:</p> <ul style="list-style-type: none"> -Facility would be moving out soon, mainly because they rented the building and landlord would take too long to have things fixed. -Facility will be moving in to their own facility which they could service faster. -Acknowledged facility was not maintained in a clean, safe and attractive manner. <p>Interview 1/13/26 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Plan was for the facility to be moving out by end of the month. -They were moving out due to landlord not fixing things in a timely manner. -They were planning to move out by end of month. -Licensee had sent information to Division of Health Services and Regulations. -She acknowledged the facility failed to be maintained in a clean, safe, and attractive manner. 	V 736		