

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/31/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JACKSON STREET GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>141 EAST JACKSON STREET COATS, NC 27521</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on December 31, 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 Disability.</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 clean, attractive, orderly manner and kept free from offensive odor. The findings are:</p> <p>Observation on 12/31/25 at approximately 10:56 am of the facility revealed:</p> <ul style="list-style-type: none"> <li>-The bathroom near the sitting area had an area of standing water at the entire base of the bathtub and a brown discoloration on the floor around the base of the entire toilet.</li> <li>-The carpet throughout the facility had black stains of various shapes and sizes ranging from quarter to softball size and a rip in the carpet in front of the couch in the living room approximately one foot long.</li> <li>-Client #3's bedroom had a urine smell through out his room.</li> </ul>	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>Interview on 12/30/25 the House Manager stated: -All maintenance requests were sent to the facility's maintenance staff. -Staff had cleaned client #3's bedroom, "the smell is probably in the carpet that needs to be changed." -"The entire bathroom (near the living room) needs be redone." -The carpet throughout the house had not been replaced in "more than 20 years."</p> <p>Interview on 12/31/25 the Administrator stated: -The facility was rented from another entity. -The owner of the facility was responsible for all repairs. -"We have been notifying [the owner] for years about concerns we have in the facility. I have email correspondences of those requests and concerns." -Maintenance quotes had been sent to the owner for repairs in the facility. -"Our maintenance staff has completed work in the facility but it is more of patch work because the facility needs new plumbing in the bathroom." -"We may have to look at getting a new facility if nothing is done."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		