

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/11/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE CROSSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>48 BRITAIN TRACE</b> <b>ANDREWS, NC 28901</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 March 11, 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 4 and has a current census of 4. 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 and its grounds were not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 3/11/26 between 1:35 pm and 1:53 pm revealed: -On the front porch windows of the facility, two of the three window screen frames were bent and broken with jagged points and were partially pulled out of the window frame. -The window blinds in the en suite bathroom had the following issues: at least one broken slat, at least two missing slats, and spots of a black like substance scattered across the entire window blinds.</p> <p>Interview on 3/10/26 with Staff #1 revealed:</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> <ul style="list-style-type: none"> <li>-Would call the Residential Operations Manager if items needed to be fixed. "He takes care of arranging things."</li> <li>-Had told the Residential Operations Manager about the issue with the window blinds.</li> <li>-The front porch screens "has always been like that."</li> </ul> <p>Interview on 3/11/26 with the Residential Operations Manager revealed:</p> <ul style="list-style-type: none"> <li>-Was responsible for coordinating repairs.</li> <li>-Had to "reach out to get stuff fixed".</li> <li>-Staff would notify him and he would coordinate getting someone out to complete repairs.</li> </ul> <p>This deficiency has been cited 3 times since the original cite on April 23, 2023 and must be corrected within 30 days.</p>	V 736		