

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-074</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/02/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COZIE'S SUPERVISED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3341 OAK TREE LANE LIBERTY, NC 27298</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 survey was completed on April 2, 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 Disabilities.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of three 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 interview, the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 4/2/26 at 1:00 p.m. of the facility revealed:</p> <ul style="list-style-type: none"> <li>-Black three seated sofa material was torn with tape holding pieces together on the arm of the chair.</li> <li>-Black two seated sofas had two pieces of tape holding material together.</li> <li>-There were two nails sticking out of the wall near the front door.</li> <li>-The first bathroom on the left had one tile near the bathtub separated from the floor and black stains around trimming of the bathtub.</li> <li>-White plaster behind the bathroom door, closet in the kitchen and wall near the front door needs</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	Continued From page 1  to be painted.  The Owner/Qualified Professional revealed: -Clients peeled the material off the furniture. -He would replace the furniture, get the walls painted and fix the problems in the bathroom.	V 736		