Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
		MHL0601078	B. WING		03/1	9/2018	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
THE NO	RLAND HOUSE		LAND ROAI TE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	-S	V 000				
	The complaints wer (#NC00136715, #N and #NC00136426) This facility is licens category: 10A NCA	was completed on 3-19-18. re substantiated C00135898, #NC00135829, b. Deficiencies were cited. sed for the following service C 27G 1700 Residential cure for Children and					
V 112	V 112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan		V 112				
	PLAN (c) The plan shall to assessment, and in legally responsible of admission for clie receive services be (d) The plan shall in (1) client outcome (achieved by provisity projected date of ac (2) strategies; (3) staff responsible (4) a schedule for annually in consultar responsible person (5) basis for evaluatioutcome achievem (6) written consent responsible party, consultar responsible party responsible party responsible party responsible part	de developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. Include: s) that are anticipated to be on of the service and a chievement; e; review of the plan at least attion with the client or legally or both; attion or assessment of					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED	
,	0. 0020		A. BUILDING:	<u> </u>			
		MHL0601078	B. WING		03/1	03/19/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE NO	RLAND HOUSE		RLAND ROAL ITE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC 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 112	Continued From pa	ge 1	V 112				
	interviews the facilitimplement goals are reduce behaviors, et (client #1) and one client #2). The finding 1 Review on 3-7-18 of -Admitted 12-20 or -15 years old or -Diagnoses of I Disorder, Attention severe. Review on 3-5-18 of I	views, observation and ty failed to develop and and strategies designed to effecting one of three clients of one former client (Former angs are:					
	revealed: -"1-29-18 [client #1] with [provider] Dece adjusted consider comply with all rule group home setting	entered level III placement ember 20, 2017 and has ably well. Short range goal: will and expectations in the AEB (as evidenced by) ons within two prompts,					
	remaining in assign completing his chor (support/intervention confront/reflect angwith [client #1] in set techniques, to development feelings or ar #1] in identifying the managing anger and	ed areas at all times,					

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STATE FORM 6899 66F511 If continuation sheet 2 of 22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0601078	B. WING		03/19/2018	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE NORLAND HOUSE		RLAND ROAL TTE, NC 282				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X COMP	
V 112	toward goal or justif discontinuation of g AWOL (absent with January 13, 2018." Review on 3-13-18 treatment) team merevealed: -"current goals incluand expectations in (as evidenced by) f two prompts, remaitimes and completin (absent without lead 13, 2018will act peer and staffwill participate in all the hygieneCrisis placrisis may include . engages in elopemaway from adults" -No goals or stribehavior. Review on 3-14-18 residential coordina-"Please be advised up from [Crisis Cenattached crisis plan which we will implesecuring an Emergaddress triggers for Staff will be provide upon completion of Review on 3-14-18 dated 2-23-18 for c-Presenting Probler	fication for continuation or oal: 1-29-18 [Client #1] went out leave) for an hour period of CFT (Child and Family betting notes dated 2-6-18 ande: "Will comply with all rules the group home setting AEB following all directions within ning in assigned area at all ng his choreswent AWOL are for an hour period January in a responsible manner with responsibly and cooperatively rapy sessionswill complete an includes, behaviors during aincreased impulsivity and ent behaviors such as walking that the service of entire the provided by [crisis center] ment as we are closer to ency CFT for [client #1] to a latest increases in behaviors. It does not consider the service of the service o	V 112			

Division of Health Service Regulation

STATE FORM 6899 66F511 If continuation sheet 3 of 22

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL0601078	B. WING		03/1	9/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE NO	RLAND HOUSE		LAND ROAI TE, NC 282			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	[client #1] became in the group home. impulsive destructive reported that he betable." -"Biosocial status as being discharged in [provider] where he therapy with [therapy and medication mad Manager [residentiate to schedule 'emergy approx. one week the enhanced safety medication to schedule 'emergy approx. one week the enhanced safety medicated in the series of the series plan: "[Client and gestured weight of the series plan: "[Client and gestured weight of the series of t	upset and destroyed property Primary presenting problem is ye behaviors. [Client #1] came angry and turned over a It discharge: [Client #1] is nto a supportive level II has established weekly post], bi-weekly family therapy nagement. Group Home al coordinator] reports he plans ency CFT' meeting within o discuss ways to implement easure for [client #1] at Group ure crisis." It #1] stated that putting him in me up and hold me.' He aining hold; rather 'just hold with arms across his chest. e-escalate himself by telling don't ruin what you have mething to look forward to group home 'I would ask to talk dinator] or [house manager], I my mom. I would ask for time alk to my mom right now." of email sent out by the ator on 3-1-18 revealed: d the attached information is client #1] and his family. e are working expeditiously to ation updates with updated	V 112			

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Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL0601078	B. WING		03/1	9/2018
NAME OF I				STATE ZID CODE		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE NO	RLAND HOUSE		LAND ROAL			
		CHARLO	TE, NC 282	.12		1
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
1710		,	17.0	DEFICIENCY)		
\/ 112	Continued From no	go 4	V 112			
V 112	Continued From pa	ge 4	V 112			
		to fit into certain peer groups.				
		riggered by consistent				
		owards him by peers. Staff				
		igh proactive have not been				
		prevent certain behaviors				
		leescalate [client #1] after an				
		has been disruptive and				
		e team last met February 6,				
		eam believes [client #1]'s and				
		ntation prior to a family session				
		8 in which mother attempted				
		about his school behaviors				
		with [client #1]and verbalized				
		ming to her home and not				
		Client #1] responded with				
		and physical damage to				
		fused to speak with [client #1]				
		ningly could not stabilize ing to mother. The team				
		1] write and apology letter to				
		Mother refused team				
		o at least allow him to				
		verbalized knowledge that her				
		vould trigger him and still				
		him to apologize. [Client #1]				
	, ,	ned areas 2/8, 2/9, 2/11, 2/24,				
		n school) all for periods				
		nutes maximum. All with the				
		[client#1] admitted that he				
		and stole items, as evidenced				
		contraband such as lighters				
		1]. On February 9, 2018 [client				
	#1] and roommate	engage in several high risk				
		ght hours including climbing in				
	and out of windows	, knocking on doors, kicking				
		participating in fire setting				
		semate. [Local police]				
	responded to the ho	ome for assistance [client #1]				
		peer his taking the blame for				
	the fire incidents un	til realizing charges may be				

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STATE FORM 6899 66F511 If continuation sheet 5 of 22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL0601078	B. WING	B. WING		9/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
	1019 NOR	LAND ROAL			
THE NORLAND HOUSE	CHARLOT	TE, NC 282	12		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
struggle and was as for yelling he was a school lockdown for weeksFebruary to [crisis unit] for staphysically aggressive conversation with macknowledged sheethan directing him to school behaviors arbehaviors to stay or #1] became frustrate threw a brick through de-escalated by state evaluation. The tean would like to continuincreased family the intervention strategit treatment." -Current goals: "will expectations in the directions within two assigned areas at a since left assigned a 2/28 (from school) a minutes maximum. [client #1] admitted stole items, as evide contraband such as -Crisis triggers: "Be include; extreme de Deliberately annoys impulsivity and engasuch as walking aw -Transition plan: The discharge in 45-60 desired."	hool setting [client #1]has also uspended February 13, 2018 'terrorist' and disrupting a rethe second time in as many 20, 2018 [Client #1] was taken abilization following an we outburst triggered by phone nother in which staff did not say anything other to be truthful in regards to his and doing the necessary in the right path however [client ted and stormed outside and gh a window. [Client #1] was aff and transported for further in has staff [client #1] and use level III services with erapy to improve the family's ites while engaging in all times [client #1] has areas 2/8, 2/9, 2/24, 2/27, and all for periods between 5 to 30 -All with the exception of 2/24/he went to local stores and enced by the snacks and slighters taken from [client #1] haviors during crisis may effance and disrespect. For irritates others. Increase ages in elopement behaviors	V 112	DETICIENCY)		

Division of Health Service Regulation

participate regressively against treatment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL0601078	B. WING		03/1	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE	-	
			RLAND ROAD			
THE NO	RLAND HOUSE		TTE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	, ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 112	12 Continued From page 6		V 112			
	regression with incr of care is recomme -Note on page; "Tea stores to address si permission."	er continues at current eased behaviors higher level nded." am & [provider] will go to local tealing with mothers es not address AWOL/stealing				
	dated 3-1-18 reveal -"3-1-18 [client #1] If the level III setting of increasingly gravitat behaviors to fit into #1] is often triggere directed towards hir although proactive If able to prevent cert can deescalate [clief [Client #1] has been since the team last [Client #1] has left at 2/24, 2/27, and 2/28 between 5 to 30 min exceptions of 2/24 [went to local stores by the snacks and of taken from [client # #1] and roommate of behaviors during ning and out of windows neighbors cars, and behaviors with hor responded to the ho discussed with his p the fire incidents un involvedIn the so struggle and was su	of treatment plan for client #1 ed: nas had extreme difficulty in over the past 30 days with ting and engaging in extreme certain peer groups. [Client d by consistent negativity m by peers. Staff interventions nave not been successfully ain behaviors however staff ent #1] after an outburst. In disruptive and regressing met February 6, 2018 assigned areas 2/8, 2/9, 2/11, a (from school) all for periods nutes maximum. All with the client#1] admitted that he and stole items, as evidenced contraband such as lighters 1]. On February 9, 2018 [client engage in several high risk ght hours including climbing in knocking on doors, kicking I participating in fire setting usemate. [Local police] ome for assistance [client #1] over his taking the blame for til realizing charges may be hool setting [client #1]has also uspended February 13, 2018 'terrorist' and disrupting a				

Division of Health Service Regulation

STATE FORM 6899 66F511 If continuation sheet 7 of 22

Division of Health Service Regulation						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL0601078	B. WING		03/1	9/2018
		III1123331373			03/1	3/2010
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE NO	DI AND HOUSE	1019 NOR	LAND ROAL			
THE NO	RLAND HOUSE	CHARLOT	TE, NC 282	12		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEI IOIENCI)		
V 112	Continued From page 7		V 112			
	-					
		r the second time in as many				
		has staff [client #1] and would				
		el III services with increased				
		prove the family's intervention				
		gaging in treatment."				
		nort range goal: will comply				
		spectations in the group home				
		denced by) following all				
	directions within two prompts, remaining in assigned areas at all times, completing his choresHow (support/interventions) Residential					
		flect angry behaviors in				
	role-playing techniq	[client #1] in sessions using				
		ys of handling angry feelings,				
		s angry feelings or angry				
		ient #1] in identifying the				
	_	ces of managing anger and				
	misbehavior. Teach					
		8 Progress toward goal or				
		inuation or discontinuation of				
	1 •	it #1] went AWOL (absent				
		n hour period January 13,				
	2018."	irriodi period sandary 13,				
	2010.					
	Review on 2-28-18	of incident reports dated				
	2-1-2018 through 2	•				
		ed 2-7-18 revealed: "9:30 pm				
		om when someone knocked				
		opened the door and saw				
		o the other side of the house. I				
		d he returned to the door.				
		esidence we questioned him				
		utside the home when he				
		n bed. He stated that he had				
		om and opened the window,				
		to cool off when he fell out the				
		ated that he tried to climb back				
		ow and couldn't. After several				
		which did not add any				

STATE FORM 6899 If continuation sheet 8 of 22 66F511

Division of Health Service Regulation							
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
		MHL0601078	B. WING		02/4	0/2040	
		WITIL0601076			03/1	9/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
		1019 NOR	LAND ROAL)			
THE NO	RLAND HOUSE	CHARLO ¹	TTE, NC 282	12			
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION) N	(VE)	
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE	
				DEFICIENCY)			
\/ 112	Continued From pa	ao 9	V 112				
V 112	Continued From pa	ge o	V 112				
	additional information	on, I checked him out for					
	injury. He had a slig	tht mark on his forehead					
	which I prepared a	ice bag for and he returned to					
	bed. I advised [facil	ity manager] of the incident."					
		ed 2-10-18 revealed; "[client					
		ent #2] were up horse playing.					
		e about the same time the					
	smoke alarm went	off. Consumer [client #3]					
	yelled there was sm	noke in his room. Staff went to					
	check and [client #	1] and [former client #2] were					
	in their room laughi	ng. Staff opened [client #3]'s					
	closet and there wa	is paper burning. Staff					
	stomped it out. [Clie	ent #1] jumped out of the					
		d [local police] to report					
		pon [local police] arriving,					
		three lighters and [former					
	client #2] turned in	the house phone he had been					
	hiding. On call man	ager arrived at approximately					
	2 am. [Client #1] wa	as outside with 2 bricks					
		nst the van attempting to break					
	the windows. On ca	all manager walked towards					
	[client #1] and he ye	elled stop and turned to throw					
	the bricks towards	manager's vehicle. On call					
	manager said, 'No	you are not, put them down					
	and get in the car.'	[Client #1] complied. On call					
	manager asked hin	n what was wrong. [Client #1]					
	stated he went for a	a walk and picked up lighters;					
	he returned to the h	nome and gave 2 to [former					
	client #2] and smas	hed 1. He stated that [former					
	client #2] stole the I	nouse phone and hid it until					
	lights out. He repor	ted that [former client #2] lit a					
		re in the closet and he (client					
		t #1] stated that he lay in bed					
		mer client #2] and his girlfriend					
	-	nd got bored so he went to the					
		e of paper but it went out.					
	[Client #1] stated th	at [former client #2] got up to					
	show him how to do	it. [Client #1] stated that					
	[former client #2] lit	a piece of paper and held it til					
		nd then pushed it through the					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY
AND LAN	O. SOMESTION	DENTILON TOWNSELL.	A. BUILDING:			
		MHL0601078	B. WING		03/1	9/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE NO	RLAND HOUSE		LAND ROAL			
	011111111111111111111111111111111111111		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 9	V 112			
V 112	hole into [client #3's [former client #2] ra pretended they had [Client #1] and [form transported to [behamanager." -Incident report date #1] AWOL [client #1] and 2 liter soda hone from [local store]. [Cpm On call mgr (mallocal store] are used to go to be the window. Staff the window. Staff the window. Staff the notified on Approximately 20 mreturned (10:36) Will consumers where a was in the woods by Staff then notified on Approximately 20 mreturned (10:36) Will consumers where a was in the woods by Staff then notified of woods. Consumer we (instructed to go to with; redirected con-2-24-18 incident redisappeared and	s] closet. Then [client #1] and an and jumped into bed and been in bed the whole time. Her client #2] were both avioral health] by on call avioral health] arrive back @ 4:50 anager) was notify." Ed 2-27-18 revealed: "upon check staffnoticed that in compliance with staff d. Instead, consumer went out hen did a search around the lat. Staff did not see consumer. In anager (10:(unreadable)) hinutes later consumer then interrogated on abouts consumer stated he ehind the facility smoking. In an anomalian and replaced as then wand for safety. Staff bed) crossed out and replaced as then wand for safety. Staff bed) crossed out and replaced as the under the house on call appeared I ask him where he lid me under the house on call as absence time 8:35a all @8:45 Mother notified by [client #1] under porch hiding of emails sent to client #1's	V 112			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MUI 0604079	B. WING		03/19/2018	
		MHL0601078			<u> U3/1</u>	9/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE NO	RLAND HOUSE		RLAND ROAI FTE, NC 282			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	.D BE	COMPLETE DATE
V 112	Continued From page 10		V 112			
	behaviors that incluteam recently met verification and recently met verification are recently met verification. The recent are recently met verification and recently met verification are recently met verification. The recent are recently met verification and recently met verification and recently met verification. The recently met verification are recently met verification are recently met verification. The recently met verification are recently met verification are recently met verification. The recently met verification are recently met verification are recently met verification. The recently met verification are recently met verification are recently met verification. The recently met verification are recently met verification are recently met verification. The recently met verification are recently met verification are recently met verification. The recently met verification are recently met verification are recently met verification are recently met verification. The recently met verificat	ade stealingalthough the we need to have an hild, family treatment) to ep to assist [client #1] with rsday March 1, 2018 is a date our meeting in which the team rge information provided by Please let me know if that " Infirming CFT for [client #1] will in 1, 2018 at 9 am at [provider]. e incident the weekend esigned area. He was				
	Interview on 3-8-18 with client #1 revealed: -He did not go AWOL anymore. -He can't remember how many times he left the facility but thought it was less than 5 times. -He would go to the convenience store down the street but once crossed an eight lane road to go to a large store there. -He and former client #2 went one night and no one knew they were gone. -He would not talk about what he would get from the stores, and would not admit to stealing items.					
	-Client #1 had s window and stolen -He maintained -He had been of lived at the facility. -He had seen of before that evening -he went out the and they went to the -They had not be	I that client #1 set the fire. client #1's roommate when he client #1 go out his window				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL0601078	B. WING		03/	19/2018
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
THE NO	RLAND HOUSE	CHARLO1	TTE, NC 282	12		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 112	V 112 Continued From page 11		V 112			
	noticed they were gone.					
	-When someone counterview on 3-13-1 -She worked as had not worked the -"We did have a metriggers, to try to red in the night." -The manager also at the facility and youndatesThey do bed check they have someone every 15 minutesThey documer -During January window. Interview on 3-5-18 manager revealed: -He had just star-Client #1 had pulled during his CFT med stolen it.	cident report when that hecks every 15-30 minutes 8 with staff #3 revealed: needed at the facility and she re in several months reting and discussed his direct him and his going AWOL fills her in on what is going on ou have to sign off on the of the March 1 CFT meeting				

AND DUAN OF CODDECTION IDENTIFICATION AND DED		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL0601078	B. WING		03/1	9/2018	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE NORLAND HOUSE		RLAND ROAI ITE, NC 282				
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
lemonadehe didn't say wh -"The other kids out." -He knows client -"I think he is goi -When asked about to client #1 said he fell of that is highly unlikel back in the window." -They try to de-est followThey do checks -"I encourage every" -"My goal is to ha (More) Interview on 3-5-18 w guardian/mother revery she had been to AWOL"They said he wwwalk." -"He walked to [late and gave them to any "While in the methottle out of his book ""When we were was gone 35 minutes "They sound like himself." Interview on 3-5-18 work client #1 revealed: -At the recent CFT more reached into his back of what he thought we the table.	also stolen beer and hard at he did with it. encourage him to sneak #1 walks out sometimes. ing to the store." the incident on 2-7-18 when out of the window: "I think ly, I think he couldn't get scalate client #1 and then every 15 minutes. ery 10 minutes." ave meetings for the house." with client #1's legal ealed: old about her son going ras going for a therapeutic arge store] and stole liquor other boy." eeting (CFT), he pulled a cbag." in the meeting, they said he	V 112				

Division of Health Service Regulation

STATE FORM 6899 66F511 If continuation sheet 13 of 22

DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN	ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMP	LETED
		MHL0601078	B. WING		03/1	9/2018
					1 00/1	0,2010
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE NOR	RLAND HOUSE		RLAND ROAL			
		CHARLO	TTE, NC 282			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAG	REGOE HOIL ON E		IAG	DEFICIENCY)	1407412	
	0 " 15					
V 112	Continued From pa	ge 13	V 112			
	thought it was liquo	r."				
		ross [nearby 8 lane road], he				
		got hit by several cars."				
		d that he stole beer and hard				
	lemonade and shar	ed it with the other clients.				
	-"This was last	Tuesday or Monday (Feb. 26				
	or 27th)					
	-Client #1 says	he goes AWOL often.				
	-He walks arou	nd the neighborhood for 30-40				
	minutes.					
	-"Coming back	to the house an hour or more				
	later."					
	-"It was a lot lor reported."	nger than they (the facility)				
		a CFT on the 1st				
	-They weren't a	ware of the AWOL on the 27th				
	until the meeting.					
		hters to "smoke a blunt."				
	-"He is a good l	kid, but very impressionable."				
	Interview on 3-8-18	and 3-13-18 with the				
	Residential Coordin	ator revealed:				
	-"we know whe	n they have left the facility, you				
	can be sure of that.	"				
		nim that the other kids sent				
	him to the store.					
		how often client #1 went				
		say it was that often."				
		t client #1 knocking on the				
		they knew he was gone and				
	they documented th					
		hecks every 15-30 minutes.				
		he only way we know they				
	(staff) are doing the	o a log, I honestly don't know				
	why we did away wi					
		ed the issues of client #1 going				
		ling with his mother and told				
		d and emergency CFT				
		ent her an email but got no				

Division of Health Service Regulation

STATE FORM 6899 66F511 If continuation sheet 14 of 22

STATEMENT OF DEFICIEN AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION		SURVEY PLETED
			A. BUILDING:			
		MHL0601078	B. WING		03/	19/2018
NAME OF PROVIDER OR S	SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE NORLAND HOUS	SE		RLAND ROAL FTE, NC 282			
PREFIX (EACH D	EFICIENC'	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
the stores to know client -They comeetings a facility. -All the staff and "we are -We had addressed -"Every soon as po -"He was no eight lane had former facility toge -He was client #2 had Client #2 had Cobservation revealed: -Eight lane from the facility so Finding 2. Review on revealed: -Admitting -Dischared -12 year -Diagnoses Dysregulati	nt #1 we hat he li #1 might he meetin he issu he issuble. The issuble highway at he sa client #1 he is not ce he	ent AWOL, they would notify ked to go to, and let them not be there. The home in the kids' books at the cotten the updates electronically and the gold tomorrow to get signatures." If meeting on March 1 and we esse to was made" to have a CFT as the when we had the meeting in the large store across the to the large store across the cotten that client #1 and former gone AWOL together. 1-18 at approximately 11:00 among ghway approximately 1½ mile the large store across from	V 112			

Division of Health Service Regulation

STATE FORM 6899 66F511 If continuation sheet 15 of 22

DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL0601078	B. WING		03/1	9/2018
					1 00/1	0,2010
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE NO	RLAND HOUSE		LAND ROAL			
1112 1101	KEARD HOOGE	CHARLO	TTE, NC 282	12		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	FRIATE	DAIL
V 112	Continued From pa	ge 15	V 112			
	cannabis abuse, un	complicated				
		inical Assessment dated 3-6-				
		ts from mother that he was				
		hout leave) for several weeks				
		ressive and threatening				
		returned homehas a				
	criminal history and	is currently on probation for				
		destruction of property and				
		ireexplained he was with				
	friends and they se	t a mattress on fire in the				
		ely set fired to cause damage				
	admitted to freque	ent AWOL's, aggressive				
	behaviors towards t	family and peers destruction of				
	property larceny an	d carelessness with fire."				
	-Psychological asse	essment dated 8-22-17				
	revealed: "[former (Client #2's] mother fearful of				
		ent #2] to return home due to				
		pending charges of larceny,				
		motor vehiclehe had a				
	court date on 6-17-	•				
		ling charges; larceny and				
		erty. He later called noting that				
		tice of two additional charges,				
		sness with firereported that				
	•	ttempted to shoot a neighbor				
		his bedroomalso reported				
	_	2] would leave the home at 4				
		ıntil 1 am without permission				
		his mother indicated				
		g away, arson, property				
		e school suspensions, access				
		ssion, threatening behavior,				
		ed she had not seen [former				
	client #2] in two wed					
		lan dated 1-22-18 revealed:				
		decrease incidents of				
		evidenced by not leaving				
		ission, follow directions and				
		s and boundaries set by staff,				
	will identify the conf	nection between impulsive and				

Division of Health Service Regulation

STATE FORM 6899 66F511 If continuation sheet 16 of 22

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:			
		MHL0601078	B. WING		03/1	9/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE NO	RLAND HOUSE	1019 NOR	LAND ROAD			
THE NO	NEAND HOUSE	CHARLO1	TTE, NC 282	12		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 16	V 112			
	compulsive behavior developing problem skills. -No goals or structure behaviors. -Crisis plan has behaviors. Review on 2-28-18 2-10-18 revealed: -"[client #1] and [for playing. Staff smelled time the smoke ala #3] yelled there was	ors and work towards a solving and critical thinking rategies to address arson a no mention of arson of incident report dated amer client #2] were up horse and smoke about the same arm went off. Consumer [client as smoke in his room. Staff actient #1] and [former client				
	#2] were in their roo [client #3]'s closet a Staff stomped it out window. Staff called deliberate arson. U [client #1] turned in client #2] turned in hiding. On call man 2 am[Client #1] s	om laughing. Staff opened and there was paper burning. [Client #1] jumped out of the d [local police] to report pon [local police] arriving, three lighters and [former the house phone he had been ager arrived at approximately tated he went for a walk and				
	gave 2 to [former cl stated that [former cl phone and hid it un [former client #2] lit closet and he (clien stated that he lay in client #2] and his gi got bored so he we of paper but it went [former client #2] go [Client #1] stated th of paper and held it pushed it through the	ne returned to the home and ient #2] and smashed 1. He client #2] stole the house til lights out. He reported that a piece of paper on fire in the t #1) put it out. [Client #1] bed and listened to [former rifriend talk on the phone and nt to the closet and lit a piece out. [Client #1] stated that of up to show him how to do it. at [former client #2] lit a piece til the flame got big and then ne hole into [client #3's] closet. If [former client #2] ran and d pretended they had been in				

Division of Health Service Regulation

STATE FORM 6899 66F511 If continuation sheet 17 of 22

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		MHL0601078	B. WING		03/	19/2018
	PROVIDER OR SUPPLIER	1019 NOF	DRESS, CITY, S RLAND ROAD TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 112	bed the whole time. #2] were both trans by on call manager Interview on 2-28-1	[Client #1] and [former client ported to [behavioral health]." 8 with client #1 revealed: #2 got a lighter. ole in the wall that went into t #3 was asleep. #2 threw the lit paper in the nt away to put it out. ot want to give any more				

Division of Health Service Regulation

STATE FORM 6899 66F511 If continuation sheet 18 of 22

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601078	B. WING		03/1	9/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
THE NOF	RLAND HOUSE		LAND ROAL TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 112	-He stomped the damage. Interview on 3-5-18 -She was the sl -The smell of si -Staff #1 was had believes that the po -She didn't work to know very much Interview on 3-5-18 manager revealed: -When asked a past he had dealing and read al with fire in his pape Interview on 3-5-18 guardian/mother reversity was said to me footing and stole 5 li home told me this." -From my understate to set the house on crack." -"he (client #1) Interview on 3-8-18 Coordinator revealed and the coordinator revealed and the client #1 He knew that five the was not awent to seem to the did not seem to the coordinator seem to the coordinator seem to the client #1	with staff #2 revealed: eep staff that evening. moke woke her up. andling the situation, she lice were called. with former client #2 enough about him with the group home bout former client #2; "In the s with fire." bout former client #2's issue rwork. with client #1's legal vealed: that the other boy had an ghters from [store], The group anding, the other boy was trying fire, he put it (lit paper) in a dis a follower, big time." with the Residential ed: bormer client #2 "had a history	V 112			

Division of Health Service Regulation

Plan of protection dated 3-13-18 and signed by

AND DIAN OF CORRECTION IN IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL0601078	B. WING		03/1	9/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE NO	RLAND HOUSE		RLAND ROAD			
			TTE, NC 282			I
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 19	V 112			
	revealed: What immediate ac	ordinator reviewed on 3-13-18 stion will the facility take to f the consumers in your care?				
	accordingly regardinglan) and treatment -Youth PCP in questing behaviors increased team to request CF LRP response 2-23 -LRP confirmed avaiteam accommodate	tion had CFT Feb 6, 2018 and d 2/8-2/12 prompting clinical T (emergency) 2/14 received				
	happens. "-PCS will reeducat information from Ma March 14, 2018 -Residential Coordir telient progress recharts 24 hours after-Staff is expected to	e all staff on updated client arch CFT's in all staff meeting nator will ensure PCP updates ports are in charts + facility er completion of CFT's. o read + sign off on updated weekly supervisions if new				
	Disorder, Attention and a documented impulsivity, elopemed During the months of were 6 documented (5 from the group her Client #1 stated the where he was not coto local stores and stated the company of	oses of Intermittent Explosive Deficit/Hyperactivity Disorder history of increased ent and destructive behaviors. of January and February there incidents of AWOL behaviors ome and 1 from school). re was one additional AWOL aught. He admitted he went stole items such as snacks weility documentation Client #1				

Division of Health Service Regulation

STATE FORM 6899 66F511 If continuation sheet 20 of 22

DIVISION	of Fleatill Service IN	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL0601078	B. WING		03/1	9/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE NO	DI AND HOUSE	1019 NOR	LAND ROAI	ס		
THE NO	RLAND HOUSE	CHARLO1	TTE, NC 282	12		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 20	V 112			
	meeting held on Fe exhibiting impulsive he became angry s throwing a brick thr	e and regressing since a team bruary 6, 2018. He was destructive behaviors when uch as turning over a table, ough a window, banging acility van and climbing in and window.				
	Mood Dysregulation childhood onset, At combined type, opp cannabis abuse, un criminal history and charges of larceny, carelessness with f a history of AWOLs	ad diagnoses of Disruptive in Disorder, Conduct disorder, tention deficit disorder positional Defiant disorder, accomplicated. He also has a is currently on probation for destruction of property and ire. Former client #2 also had a such as being gone for Clinical assessment.				
	#2 engaged in sevenight hours includin windows, knocking cars, and participat fire was started by when a piece of pala hole into client #3 extinguished by staclient #3. Client #1 destructive behavior van with 2 bricks affire. Despite at leas meetings being heleaddress the ongoin setting behavior for	rs by vandalizing the facility ter being confronted about the t three treatment team d the facility still did not g problems of AWOLs and fire client #1.				
	serious neglect and days. An administra	Type A1 rule violation for I must be corrected within 23 ative penalty of \$1,000 dollars olation is not corrected within				

MAIL OF PROVIDER OR SUPPLIER THE NORLAND HOUSE O(A) ID PRETER TAG CAS JOB PRESS OTT, STATE, ZIP CODE 1019 NORLAND ROAD CHARLOTTE, NC 28212 O(A) ID PRETER TAG OCHARLOT MUST BE PRECEDED BY PULL EACH DEPOIS NOR MUST BE PRECEDED BY PULL TAGS OCHARLOT TO BE PRECEDED BY PULL EACH DEPOIS NOR MUST BE PRECEDED BY PULL TAGS OCHARLOT TO BE PRECEDED BY PULL EACH CORRECTIVE ACTION SHOULD BE CROSS-REPENSED TO THE APPROPRIATE DEPOIS OF THE PRECEDED BY PULL EACH CORRECTIVE ACTION SHOULD BE CROSS-REPENSED TO THE APPROPRIATE DEPOIS OF THE PRECEDED BY PULL EACH CORRECTIVE ACTION SHOULD BE CROSS-REPENSED TO THE APPROPRIATE DEPOIS OF THE PROVIDE TO THE PROV		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER THE NORLAND HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 1019 NORLAND ROAD CHARLOTTE, NC 28212 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 21 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of							
THE NORLAND HOUSE 1019 NORLAND ROAD CHARLOTTE, NC 28212 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 21 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of			MHL0601078	B. WING		03/1	9/2018
(X4) ID PREFIX TAG CHARLOTTE, NC 28212 V 112 Continued From page 21 V 112 Continued For each day the facility is out of CHARLOTTE, NC 28212 CHARLOTTE, NC 28212 CHARLOTTE, NC 28212 CHARLOTTE, NC 28212 ID PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) V 112 Continued From page 21 V 112	NAME OF F	PROVIDER OR SUPPLIER					
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 21 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of	THE NO	RLAND HOUSE					
23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	JLD BE	COMPLETE
	V 112	23 days, an addition will be imposed for	nal penalty of \$500.00 per day each day the facility is out of	V 112			

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Division of Health Service Regulation STATE FORM