

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/22/2018
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NAME OF PROVIDER OR SUPPLIER JASPER'S HOUSE DAY TREATMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212
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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>A complaint and follow-up survey was completed on 10/22/18. The complaint (#NC00143592) was unsubstantiated. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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, the facility failed to maintain the facility in an attractive manner. The findings are:</p> <p>Observation on 10/18/18 of the hallway revealed: - 2 medium sized holes on the wall (side by side) - small hole on the wall (near the therapist's office).</p> <p>Observation on 10/18/18 of the High School Classroom revealed: - very large hole on the wall</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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