STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	A. BUILDING:					
		MHL060-802	B. WING		12/3	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
WATER M	ILL HOME		R MILL COUR	T .		
			TE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow on 12-31-18. Deficier	up survey was completed cies were cited.				
	This facility is license category 10A NCAC: Treatment Staff Secu Adolescents.					
V 296	27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296			
	10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	A. BUILDING:		COMPLETED	
		MHL060-802	B. WING		R 12/31/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
\4/4 TED \$4		6801 WAT	ER MILL COUR	т	
WATER M	ILL HOME	CHARLOT	TE, NC 28215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 296	Continued From page	e 1	V 296		
	asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.				
	failed to ensure 2 star were present. The fin Observation on 12-27 am revealed: -One staff and or facility. Interview on 12-27-18 -She was there be -The other staff in client from his holiday. Interview on 12-7-18 There are usually	and observation the facility If were present when clients dings are: 7-18 at approximately 10:30 The client present in the B with staff #1 revealed: By herself. By her			
	-"But if there is o staff sometimes."	nly one kid, there is only one			

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STATE FORM SQ0K11 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDIEAN	O CONTROL OTHER	IDENTIFICATION NOWIDER.	A. BUILDING: _		OOM! LETED	
			B 14/11/0		R	
		MHL060-802	B. WING		12/31/2018	_
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MATER M	U. LIOME	6801 WAT	ER MILL COUR	т		
WATER M	ILL HOWE	CHARLO	TTE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	Ē
V 296	Continued From page	2	V 296			
	Interview on 12-31-18 professional revealed -There should ha the facility.	B with the Qualified : ive been two staff present in tutes a recited deficiency				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		n and interviews the facility d in a clean, safe, attractive				
	revealed: -One toilet in the -Missing grout ar -Two light bulbs of bathroom -Two light bulbs of bathroom -Smoke detector -Bedroom #1 Ple frame, cold air coming open, walls are dirty -Bedroom #2 has	out in the 1st part of the out in the second part of the in third bedroom beeping exiglas window coming out of g in, window very difficult to				

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STATE FORM SQ0K11 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL060-802	B. WING		12	R 2/ 31/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
WATER M	ILL HOME		ATER MILL COURT			
	T		OTTE, NC 28215			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From page	e 3	V 736			
	-he hadn't notice detector -he didn't know was broken. Interview on 12-31-18 Professional revealed -They had put in toiletHe had noticed about a week ago bu itHe had not notice#1 -He would make	d: a work order for the broken the beeping smoke detector t had not had a chance to fix ced the window in bedroom sure everything was				
V 752	repaired as soon as p 27G .0304(b)(4) Hot		V 752			
	10A NCAC 27G .030 EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are the temperature of the ained between 100-116				
	maintained between degrees in areas whe water. The findings a	n the hot water failed to be 100 degrees and 116 ere clients had access to the re:				
	Observation on 12-3	1-18 at approximately 11:00				

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Division of Health Service Regulation

MALOGO-802 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE COM	E SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE (8801 WATER MILL COURT CHARLOTTE, NC 28215 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 4 am revealed: Bathroom sink on the left, 92 degrees, bathroom sink on the left, 92 degreesKitchen sink 98 degrees Interview on 12-31-18 with client #3 revealed: -he had no problem with the hot water and it felt hot enough to him. Interview on 12-31-18 with the Qualified Professional revealed: -he would adjust the water temperature that							R
WATER MILL HOME CHARLOTTE, NC 28215 CX4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE			MHL060-802	B. WING		12	2/31/2018
WATER MILL HOME CHARLOTTE, NC 28215 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 4 am revealed: -Bathroom sink on the right: 92 degrees, bathroom sink on the left, 92 degreesKitchen sink 98 degrees Interview on 12-31-18 with client #3 revealed: -he had no problem with the hot water and it felt hot enough to him. Interview on 12-31-18 with the Qualified Professional revealed: -he would adjust the water temperature that	NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE	WATER M	ILL HOME					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 4 am revealed: -Bathroom sink on the right: 92 degrees, bathroom sink on the left, 92 degreesKitchen sink 98 degrees Interview on 12-31-18 with client #3 revealed: -he had no problem with the hot water and it felt hot enough to him. Interview on 12-31-18 with the Qualified Professional revealed: -he would adjust the water temperature that	(VA) ID	SLIMMARY ST			PROVIDER'S PLAN OF	CORRECTION	(VE)
am revealed: -Bathroom sink on the right: 92 degrees, bathroom sink on the left, 92 degrees. Tub 98 degrees. -Kitchen sink 98 degrees Interview on 12-31-18 with client #3 revealed: -he had no problem with the hot water and it felt hot enough to him. Interview on 12-31-18 with the Qualified Professional revealed: -he would adjust the water temperature that	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	COMPLETE
-Bathroom sink on the right: 92 degrees, bathroom sink on the left, 92 degrees. Tub 98 degreesKitchen sink 98 degrees Interview on 12-31-18 with client #3 revealed: -he had no problem with the hot water and it felt hot enough to him. Interview on 12-31-18 with the Qualified Professional revealed: -he would adjust the water temperature that	V 752	Continued From page	e 4	V 752			
	V 752	am revealed: -Bathroom sink of bathroom sink on the degreesKitchen sink 98 Interview on 12-31-18 -he had no problem felt hot enough to him Interview on 12-31-18 Professional revealed on the would adjust	on the right: 92 degrees, left, 92 degrees. Tub 98 degrees 8 with client #3 revealed: em with the hot water and it n. 8 with the Qualified d: the water temperature that	V 752			

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