		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL047-103			02/	02/04/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
GRACE	HOUSE		RNPIKE ROAD D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on February 4, 2019. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Treatment for Children and Adolescents.					
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaste shall be held at lease repeated for each s under conditions th	207 EMERGENCY PLANS in for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be cedures and routes shall be for drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	facility failed to con- under conditions th	et as evidenced by: views and interviews, the duct fire and disaster drills at simulate emergencies at repeated for each shift. The				
	Record review on 2 log revealed the fol -2/24/18- 1st shit.	2/4/19 of the facility's fire drill lowing:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/04/2019	
		MHL047-103				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
GRACE	HOUSE		RNPIKE ROAD RD, NC 28376)		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	WUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
V 114	Continued From pa	ge 1	V 114			
	-4/13/18- 1st shift. -5/20/18- 1st shift. -5/28/18- 1st shift. -6/6/18- 2nd shift. -8/3/18- 2nd shift. -8/3/18- 2nd shift. -8/30/18- 3rd shift. -9/11/18- 1st shift. -10/4/18- 1st shift. -10/22/18- 3rd shift. -12/13/18- 1st shift. -1/31/19- 2nd shift. -For the second quarter of 2018, there were no fire drills for 3rd shift. -For the fourth quarter of 2018, there were no fire drills for 2nd shift.					
	drill log revealed the -2/28/18- 1st shift. -5/20/18- 1st shift. -8/3/18- 2nd shift. -8/6/18- 2nd shift. -8/15/18-1st shift. -8/19/18- 1st shift. -8/20/18- 3rd shift. -9/11/18- 3rd shift. -9/15/18- 3rd shift. -11/9/18- 1st shift. -12/16/18- 1st shift. -For the second quadisaster drills for 2m	arter of 2018, there were no id or 3rd shift. er of 2018, there were no				
	revealed: -Fire drills had beer	9 with clients #1 and #2 on n conducted at the center. een conducted at the center.				

If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		MHL047-103	B. WING		02/	04/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
GRACE	HOUSE		RNPIKE ROAD RD, NC 28376			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET
V 114	Continued From pa	ge 2	V 114			
	revealed: -Facility operates u -She confirmed sta conditions that simu	with the Senior Team Leader nder three shifts. ff failed to conduct drills under ulate fire and disaster • each shift on each quarter.				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf	ty and Grounds Maintenance 803 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	failed to ensure fac in a clean, safe and findings are:	ion and interview, the facility ility grounds were maintained attractive manner. The				
	Observation on 2/4 "Self Reflection Rod -Linoleum tiles had -Floor was stick. -Walls needed to be	been coming off.				
	facility's bathrooms -The sink's Formica damaged in severa	a countertop had been I areas and was coming apart around the cabinets was missing pieces.				

ONQ211

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B. WING			
		MHL047-103			02/	04/2019
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
GRACE	HOUSE		RNPIKE ROAD D, NC 28376			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 736	Continued From page 3		V 736			
	facility's bedrooms -Bedroom on the er peeling off from the -Sheet rock from w -Patchwork under t painted. -Bedroom on the rig paint peeling off fro -Paint was observe several rooms. Interview on 2/4/19 revealed: -Facility had been r months ago. -Clients liked to pict the walls. -Window base from recently fixed, but h started picking on t -Maintenance crew issues.	nd and to the right had paint wall. indow base was crumbling off. he window needed to be ght side prior to last room had m door frame. d to be peeling off from with the Senior Team Leader ecently painted about three k and peel the paint off from n room at the corner had been had not been painted. Client				

ONQ211