Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION IDENTIFICA		IDENTIFICATION NO.	A. BUILDING: _				
		MHL0601078	B. WING		C 01/28/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
THE NORLAND HOUSE			LAND ROAD TE, NC 28212				
(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	INITIAL COMMENTS		V 000				
	The complaint (#NC0 substantiated. The country and #NC00146988) v Deficiencies were cited.  This facility is licenseen	omplaints (#NC00145720 vere unsubstantiated.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736				
	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.						
	failed to ensure facilit	as evidenced by: n and interviews, the facility y grounds were maintained ctive and orderly manner.					
	revealed: - The ceiling above the bathroom had a leak hole) where you can a call the ceiling in a vaca (large hole) that was	and was damaged (large see into the attic. ant room was damaged leaking ater was on the floor in the					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601078			(X2) MULTIPLE CO A. BUILDING:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		B. WING			C 01/28/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE NOD	LAND HOUSE	1019 NO	RLAND ROAD			
THE NOR	LAND HOUSE	CHARLO	OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY 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	Continued From page 1				
	Manager/Qualified Professional revealed:  The ceiling has been damaged and leaking for about 2 weeks. A roofer came out to look at it and put a tarp on the roof. An insurance adjusted came on approximately the 12th to look at it.  The damage is only in the staff area. The kids are not allowed in the staff area of the house.  Interview on 1/17/19 with the licensee revealed: They rent the house. A guy came out and put a tarp on the roof. The insurance adjuster came out last Saturday. The plan is when they get the information back from the insurance adjustor and a timeframe for repairs, they will complete and emergency relocation request and move the clients to another home while the roof is being worked on.					
V 744	EQUIPMENT (b) Safety: Each facili constructed and equi	4 FACILITY DESIGN AND ity shall be designed, pped in a manner that safety of clients, staff and	V 744			
	interviews the license facility's vehicle was a The findings are:  Observation on 1/16/revealed: - The front passenger	as evidenced by: ew, observations and staff ee failed to ensure the equipped to ensure safety.  '19 of the facility's van  r side seat belt is broken aspection sticker (September				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601078	B. WING		01	C / <b>28/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
THE NOR	LAND HOUSE		RLAND ROAD OTTE, NC 28212				
(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	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 744	2018) - The right back wind taped with plastic  Interview on 1/16/19  Manager/Qualifeied F - The front seat belt cone of the kids stuck don't sit in the front seat belt on the window is brokedown "probably a little to be towed. When it out and broke He did not know the	ow was busted out and was	V 744				

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