

Division of Health Service Regulation

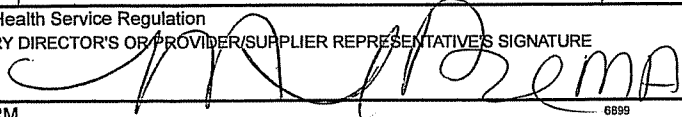
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/28/2019
--	---	--	---

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)	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 survey was completed on 1/28/19. The complaint (#NC00147397) was substantiated. The complaints (#NC00145720 and #NC00146988) were unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III</p>	V 000	<p>DHSR - Mental Health</p> <p>FEB 26 2019</p> <p>Lic. & Cert. Section</p>	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 1/16/19 of the Staff quarters revealed:</p> <ul style="list-style-type: none"> - The ceiling above the shower in the staff bathroom had a leak and was damaged (large hole) where you can see into the attic. - The ceiling in a vacant room was damaged (large hole) that was leaking - Buckets catching water was on the floor in the vacant room <p>Interview on 1/16/19 with the House</p>	V 736	<p>PCS will repair the roof of the house by 3/1/2019.</p> <p>Monitor by: House Manager, QA/QI Director and Clinical Director.</p>	

Division of Health Service Regulation

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



TITLE

QA Director

(X6) DATE

2/20/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/28/2019
--	---	---	---

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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 1</p> <p>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 adjuster 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.</p> <p>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 adjuster 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.</p>	V 736		
V 744	<p>27G .0304(b) Safety</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>This Rule is not met as evidenced by: Based on record review, observations and staff interviews the licensee failed to ensure the facility's vehicle was equipped to ensure safety. The findings are:</p> <p>Observation on 1/16/19 of the facility's van revealed: - The front passenger side seat belt is broken - a tag with expired inspection sticker (September</p>	V 744	<p>PCS will repair the facility's van (front passenger side seat belt, right back window and tag) by 3/25/2019.</p> <p>Monitor by: House Manager, QA/QI Director and Clinical Director.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/28/2019
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 744	Continued From page 2 2018) - The right back window was busted out and was taped with plastic Interview on 1/16/19 with the House Manager/Qualifeied Professional revealed: - The front seat belt doesn't work because the one of the kids stuck a penny in it. The clients don't sit in the front seat...they sit in the back. - The window is broken because the van broke down "probably a little over a month ago" and had to be towed. When it was towed, the window slid out and broke. - He did not know the tag was expired. He didn't receive anything in the mail. "My oversight...I will get on that."	V 744			