

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-063 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/14/2019 |
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| NAME OF PROVIDER OR SUPPLIER YOUTH UNLIMITED-SLANE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 2872 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350 |
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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>An annual survey was completed on 3/14/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> | V 000 | | |
| 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 3/13/19 at approximately 10:50 AM of the facility revealed the following issue: -Empty Client Bedroom-Outside portion of double pane window was cracked. The crack in the window was approximately three feet long.</p> <p>Interview with the Facility Director on 3/13/19 revealed: -Management was aware of the window being cracked in the empty bedroom. -He thought the window was cracked for over a month. -He was not sure how the window was cracked.</p> | V 736 | | |

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

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| V 736 | <p>Continued From page 1</p> <p>-He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>Interview with the Clinical Director on 3/13/19 confirmed:</p> <p>-The facility was not maintained in a safe, clean, attractive and orderly manner.</p> | V 736 | | |