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	
				A. BUILDING: _				
		MHL051-170		B. WING		04	1/12/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STF	REET ADDI	RESS, CITY, STA	TE, ZIP CODE			
CHILDREN UNDER CONSTR TREATMENT CENTER, B FOUR OAKS, NC 27524								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (X5)		
V 000	INITIAL COMMENTS			V 000				
	An annual survey was completed on April 12, 2019. Deficiencies were cited.							
	This facility is licensed for the following service category: 10A NCAC 27G.1300, Residential Treatment Facility for Children and Adolescents with Mental Illness or Emotional Disturbance.							
V 736	27G .0303(c) Facility	and Grounds Maintenance	!	V 736				
		EMENTS	у					
		n and interview, the facility ty grounds were maintained attractive and orderly	I					
		cility on 4/12/19 between am revealed the following:						
	Facility entrance area areas:	a, living room and bedroom						
	The carpet was dirty house and in need of	and stained throughout the feleaning.						
	Facility walls:							
		ty are in need of painting	n					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL051-170	B. WING		04/12/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CHILDREN UNDER CONSTR TREATMENT CENTER, B 42 JEWEL LANE FOUR OAKS, NC 27524						
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 736	Continued From page 1 the resident's bedroom that have small holes and the walls are in need of minor repair. During an interviews on 4/12/19 with facility staff confirmed the above findings and stated there is a need to clean the carpet and paint some of the walls.		V 736			
V 774	4 27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.		V 774			
	failed to ensure the faminimum furnishings. Observation of the faminimum	n and interview, the facility acility bedrooms had The findings are:				

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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		
		MHL051-170		B. WING		04/	12/2019
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
CHILDRE	N UNDER CONSTR TREA	ATMENT CENTER, B	42 JEWEL FOUR OAK	S, NC 27524			
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 774	Continued From page 2			V 774			
		nal belongings of the cli ge compartment were l					
	Bedroom #2:						
	There was no bedside furnishings for person storage bin was being clothing.	nal belongings of the cli	ent. A				
	Bedroom #3:						
	There was no bedside table or storage furnishings for personal belongings of the client. A storage bin was being used to store client clothing.						
	confirmed the facility store clients clothing, past had destroyed p protecting the clients	n 4/12/19 with facility or was using storage bins. He stated the clients in roperty and they were from using broken furnions. He stated they haver several years.	to the isher				

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