Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING MHL051-170 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 42 JEWEL LANE CHILDREN UNDER CONSTR TREATMENT CENTER, B FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on April 12, RECEIVED 2019. Deficiencies were cited. By DHSR - Mental Health Lic. & Cert. Section at 8:11 am, Apr 24, 2019 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 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. Professional carpet cleaning service Est. This Rule is not met as evidenced by: will be cleaning all bedrooms and living complete Based on observation and interview, the facility room area, package purchased. by June 7, failed to ensure facility grounds were maintained in a clean, safe and attractive and orderly 2019 James Barnes will schedule manner. The findings are: appointment and oversee completion. Also, staff will be reminded that daily Observation of the facility on 4/12/19 between chores are a requirement for residents. 10:30 am and 11:20 am revealed the following: There will surprise cleanliness Facility entrance area, living room and bedroom inspections every quarter by Ayonna areas: Barnes or Qualified Professional The carpet was dirty and stained throughout the house and in need of cleaning. Walls will be painted and repaired by June 7, 2019 Facility walls: James Barnes will oversee wall repairs The walls in the facility are in need of painting and ensure they are repaired in a timely throughout the facility. There are several areas in manner. Staff will be reminded to report when damage occurs. Division of Health Service Regulation TITLE

STATE FORM

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

Division of Health Service Regulation							FOF	RM APPROVED	
	STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTI				(X3) DATE SURVEY COMPLETED	
L			MHL051-170	B. WING		e5;		1/42/2040	
NAME OF PROVIDER OR SUPPLIER STREET				ADDRESS, CITY, S	STATE, ZIP C	CODE	04	1/12/2019	
	CHILDRE	EN UNDER CONSTR TREA	ATMENT CENTER, B	EL LANE AKS, NC 2752	4				
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
	V 736	Continued From page	÷1	V 736					
		the resident's bedroom the walls are in need	m that have small holes and of minor repair.						
		confirmed the above f	on 4/12/19 with facility staff indings and stated there is arpet and paint some of the						
	V 774	27G .0304(d)(7) Minim	num Furnishings	V 774					
		EQUIPMENT (d) Indoor space requiprior to October 1, 198 square footage require time. Unless otherwise residential facilities lice 1988 shall meet the foir requirements: (7) Minimum furnishing	e provided in these Rules, ensed after October 1, llowing indoor space gs for client bedrooms shall l, bedding, pillow, bedside		purcha June 7 James furnitur	de tables and dresser wil ased for each resident's r 7, 2019.  Barnes will oversee pure re and upkeep will be ins cleanliness checks.	oom by	Estimated complete by June 7 , 2019	
		each client.  This Rule is not met as	evidenced by: and interview, the facility ility bedrooms had 'he findings are: ity bedroom areas						

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL051-170 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **42 JEWEL LANE** CHILDREN UNDER CONSTR TREATMENT CENTER, B FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 774 Continued From page 2 V 774 There was no bedside table or storage furnishings for personal belongings of the client. A storage bin and storage compartment were being used to store client clothing. Bedroom #2: There was no bedside table or storage furnishings for personal belongings of the client. A storage bin was being used to store client clothing. 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. During an interview on 4/12/19 with facility owner confirmed the facility was using storage bins to store clients clothing, He stated the clients in the past had destroyed property and they were protecting the clients from using broken furnisher and screws as weapons. He stated they have been using the bins for several years.

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