

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHILDREN UNDER CONSTR TREATMENT CENTER, B	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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	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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility bedrooms had minimum furnishings. The findings are: Observation of the facility bedroom areas between 10:30 am and 11:20 am revealed the following: Bedroom #1:	V 774	Bedside tables and dresser will be purchased for each resident's room by June 7, 2019. James Barnes will oversee purchase of furniture and upkeep will be inspected during cleanliness checks.	Estimated complete by June 7, 2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHILDREN UNDER CONSTR TREATMENT CENTER, B	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 774	<p>Continued From page 2</p> <p>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.</p> <p>Bedroom #2:</p> <p>There was no bedside table or storage furnishings for personal belongings of the client. A storage bin was being used to store client clothing.</p> <p>Bedroom #3:</p> <p>There was no bedside table or storage furnishings for personal belongings of the client. A storage bin was being used to store client clothing.</p> <p>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 <i>protecting the clients from using broken furnisher and screws as weapons</i>. He stated they have been using the bins for several years.</p>	V 774		