

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-068	(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 HAYWORTH HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2748 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	<p style="text-align: center;"><i>DHSR - Mental Health APR 26 2019 Lic. & Cert. Section</i></p>	
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</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. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation of the facility on 3/13/19 at approximately 9:13 AM revealed : -The kitchen sink water temperature was 130 degrees Fahrenheit. -Bathroom #1 water temperature was 130 degrees Fahrenheit.</p> <p>Interview with clients' #1, #2 and #3 on 3/13/19 revealed: -They were all capable of adjusting their own water temperature during bathing.</p>	V 752		<p><i>Hot water temperature will be in compliance.</i></p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]
Operations Director *msw/csw* *3/26/19*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2019
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V 752	<p>Continued From page 1</p> <p>-They did not require any assistance from staff.</p> <p>Interview with staff #1 on 3/13/19 revealed: -All four clients were capable of adjusting their own water temperatures during bathing.</p> <p>Interview with the Facility Director on 3/14/19 confirmed: -The facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.</p> <p>Interview with the Clinical Director on 3/13/19 revealed: -The group home had two separate hot water heaters -They just recently installed a new hot water heater. -The newer hot water heater was near the kitchen and bathroom #1. -All four clients were capable of adjusting their own water temperature during bathing. -He confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.</p>	V 752		

Division of Health Service Regulation

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
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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 (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	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">APR 26 2019</p> <p style="text-align: center;">Lic. & Cert. Section</p> <p style="text-align: center;"><i>Window will be repaired</i></p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

[Signature] MSLCCSV 3/26/19
Operations Director

Division of Health Service Regulation

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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		

Plan of Correction

Youth Unlimited

Slane Home:

Window was cracked and was replaced the next week after the reviewer identified the issue. The window had been cracked for years and was never cited or pointed out as an issue. The glass presented zero safety issues for clients.

In the future, any cracked window will be replaced since it has now been identified as an issue.

Rodney Dietrich, QP, BSW; Facility Director, will conduct review of windows on a weekly basis and report all maintenance issues to Bobby Lindsay, MSW, LCSW to get repaired.

Hayworth Home:

The hot water heater is fairly new and our thermometers are over 10 years old. It's possible our readings were faulty. We purchased new thermometers as well as had the gas company turn down the hot water heater (they also had to repair a part).

Our readings with the new thermometers correspond to those of the gas company and appear to be accurate. We will continue to check temperature regularly and adjust temperature as needed to insure compliance.

Matt Faulkner, QP, BSW; Facility Director, will monitor the water temperature bi-weekly through his staff and record readings for periodic review. Any repairs needed will be reported to Bobby Lindsay, MSW, LCSW to coordinate service of hot water heater.

Respectfully,

A handwritten signature in black ink, appearing to read 'Bobby Lindsay', with a long horizontal line extending to the right.

Bobby Lindsay, MSW, LCSW
Operations Director
Youth Unlimited
2962 Youth Unlimited Drive
Sophia NC 27350
336-861-9243 x 202
336-861-9253 Fax



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

March 18, 2019

Cliff Parker, Executive Director
Youth Unlimited, Inc.
P.O. Box 485
High Point, NC 27261

DHSR - Mental Health

APR 26 2019

Lic. & Cert. Section

Re: Annual Survey completed March 14, 2019
Youth Unlimited-Slane Home, 2872 Youth Unlimited Drive, Sophia, NC 27350
MHL # 076-063
E-mail Address: yui@northstate.net and bobbylindsay@youthunlimited.cc

Dear Mr. Cliff Parker:

Thank you for the cooperation and courtesy extended during the Annual survey completed March 14, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 5/13/19.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

_DHSR_Letters@sandhillscenter.org
dhhs@vayahealth.com



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

March 18, 2019

Cliff Parker, Executive Director
Youth Unlimited, Inc.
P.O. Box 485
High Point, NC 27261

Re: Annual Survey completed March 14, 2019
Youth Unlimited-Hayworth Home, 2748 Youth Unlimited Drive, Sophia, NC
27350
MHL # 076-068
E-mail Address: yui@northstate.net and bobbylindsay@youthunlimited.cc

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