PRINTED: 05/16/2019 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 04/24/2019		
		MHL092-685					
AME OF F	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STATE, ZIP CODE				
IEW BE	GINNINGS HEALTH O	CARE PHASE III	PTUNE DRIVE H, NC 27604				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	ON SHOULD BE COMPLET HE APPROPRIATE DATE		
∨ 000	INITIAL COMMENTS		V 000				
	An Annual survey was completed 04-24-19. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment staff secure for children or adolescents.						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQU (c) Each facility and maintained in a saf	BO3 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,				
		et as evidenced by: ion and interview, the facility n as a safe environment. The					
	revealed the smoke	19 at approximately 11:30am e detector outsided the first ad in the kitchen area chirpped ne.	d				
	heard the chirpping	19, clients #1-#4 verified they sound. All clients reported the d been heard for a few weeks	e				
	following: -worked third s	19, staff #3 stated the hift 12:00am-8:00am I heard throughout the home vstem					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 04/24/2019	
AME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, S ⁻ PTUNE DRIVE	TATE, ZIP CODE		
IEW BE	GINNINGS HEALTH C	CARE PHASE III	H, NC 27604			
(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 APPROPRIA DEFICIENCY)		(X5) COMPLE DATE
V 736	Continued From pa	ige 1	V 736			
	director /qualified p following: -04-22-19: she may need battery re maintenance replac -04-24-19: the	04-18-19 and 04-24-19 rofessional stated the thought the smoke detector eplaced. She would have the ce the battery chirpping sound may be the not the smoke detector				
sion of He	ealth Service Regulation					