PRINTED: 05/24/2019 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-016 NAME OF PROVIDER OR SUPPLIER STREET A			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		MHI 004-016			05/23/2019		
		ADDRESS, CITY, ST	TATE, ZIP CODE	03/			
CORNER	STONE TREATMENT	ΓΕΔΟΙΙΙΤΥ	LLCE ROAD BORO, NC 281	170			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLET DATE	
∨ 000	INITIAL COMMENTS		V 000				
	An annual and follow-up survey was completed on May 23, 2019. Deficiencies were cited.						
	This facility is licensed for the following services category: 10A NCAC 27G 1900 Psychiatric Residential Treatment for Children and Adolescents.						
V 736	27G .0303(c) Facili	ity and Grounds Maintenance	V 736				
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and order be kept free from offensive	ly				
	Based on observat failed to ensure fac	et as evidenced by: ion and interview, the facility ility grounds were maintained d attractive manner. The	1				
	12:20 p.m. of the fa -Inside of door lead was chipping off. -Hallway- There wa chipping away from	ling to education room- Paint as a large section of paint n wall outside of bedroom #2.					
	bathroom #1. -Bedroom #2- Pain peeled off. -Bedroom #3- Pain	ze hole on the wall next to t on bottom of window was t in closet had spots that wer	e				
	peeled off.	t on wall by window and near					

PRINTED: 05/24/2019 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-016			. ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		B. WING		05/	05/23/2019		
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ORNE	STONE TREATMENT	ΓΕΔΟΙΙΙΤΥ	LCE ROAD 30RO, NC 281	70			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT			
PRÉFIX TAG		SC IDENTIFYING INFORMATION	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
V 736	Continued From page 1		V 736				
	of the room. -Bedroom #6- Ther paint peeled off on on the wall needed -Bedroom #7- Ther peeled off from the -Bedroom #8- Blind tangled/broken. -Bedroom #9- Patc near the window ar -Bathroom #2- Sho handle. Interview on 5/23/1 revealed: -She was aware the repainted. -She was aware of the residents at the -She was aware the was missing the leve -Request had been facility over and do approval was pend -She was waiting for folks over to paint for -She would make a office to have faciliti -She confirmed the	t was peeling off on left corner re were several sections of the wall and repaired patches to be repainted. re were sections of paint door. ds on the window were thes of paint were peeled off nd next to the door. wer was missing the level 9 with the Executive Director at the facility needed to be the paint being peeled off from a facility. at the shower in bathroom #2 vel handle. nade to corporate to paint necessary repairs, but ing. or corporate agency to have facility over. another request corporate	n				

A2LO11