PRINTED: 07/29/2019 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL034-207		B. WING		07/25/2019		
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
A SURE H	OUSE, INC		BOR ROAD	04			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECT TAG CROSS-REFEREN		LAN OF CORRECTION (X5) IVE ACTION SHOULD BE COMPLI ED TO THE APPROPRIATE DATE FICIENCY)		
∨ 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on July 25, 2019. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.						
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736				
		EMENTS					
	staff failed to ensure	ns and interviews, the facility the facility and its grounds safe, clean, attractive and					
	spots of both peeling -A hole behind the kin same height as the d -A hole in the kitchen	y revealed: rmal living room with several paint and bare areas tchen table that matches the					
	on the top which cov table top -A hole in the door of						
		e runner, leaning up against					

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Division of Health Service Reguest STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED 07/25/2019	
	MHL034-207		B. WING	07		
IAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, BOR ROAD	ZIP CODE		
A SURE H	IOUSE, INC		N-SALEM, NC 2710)4		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT	
V 736	Continued From page 1		V 736			
	painted -In one of the client's inch by 3 inch hole a -In one of the client's crutches leaning aga the crutches were a l -One of the bedroom plate -Numerous holes bel -One of the brown less spring and torn mate cushion Interviews on 7/25/19 -FC #1 had made ho angry -"[FC #1] did them al and ticking and tripped Interview on 7/25/19 - The holes in the was behaviors - "I guess he got made Interview on 7/25/19 -Regarding the repai believe [The ED] has and take care of it". Interview on 7/25/19 (ED) revealed: -"All of the damage w said he was going to -\$1250.00 estimates other repairs	alls had been patched but not bedrooms, there was a 3 bove the light switch bedroom were a pair of inst the wall and right next to body sized hole in the wall. Is was missing a light switch hind the bedroom doors ather sofa's had an exposed rial on the side of the 9 with client #2 revealed: bles in the walls when he got 1. He would just get made ed" with client #3 revealed: ill were due to FC #1's de and punched the walls" with staff #1 revealed rs needed to the facility, "I is home owner's insurance with the Executive Director was from him (FC #1). He				

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