AND PLAN OF CORRECTION IDENTIFICATION NUMB		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/05/2019	
		MHL001-169				
			DDRESS, CITY, ST	TATE, ZIP CODE	00/00/2010	
UST IN	TIME YOUTH SERVIO	CESII	WOOD DRIVE GTON, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	on August 5, 2019. unsubstantiated (in Deficiencies were of This facility is licen- category: 10A NCA	sed for the following service				
V 114	27G .0207 Emerge	ency Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facilit (c) Fire and disaster shall be held at lea repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	Based on record re failed to conduct fir conditions that sim	et as evidenced by: eview and interview, the facility re and disaster drills under ulate emergencies at least ated for each shift. The				
	Record review on 8	3/5/19 of the facility's fire drill				

AND PLAN OF CORRECTION IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED	
		MHL001-169			08/05/2019		
	PROVIDER OR SUPPLIER		ADDRESS, CITY, S		08/0		
		111 DO	GWOOD DRIVE				
IUST IN	TIME YOUTH SERVIC	CES II	IGTON, NC 272				
(X4) ID			ID	PROVIDER'S PLAN OF		(X5) COMPLET	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	THE APPROPRIATE	DATE	
				DEFICIENC	CY)		
V 114	Continued From pa	age 1	V 114				
	log revealed the fol	lowing.					
	-7/20/19- 2nd shift.						
	-7/6/19- 1st shift.						
	-6/30/19- 1st shift.						
	-6/15/19- 3rd shift.						
	-5/7/19- 3rd shift.						
	-4/15/19- 3rd shift.						
	-4/5/19- 1st shift.						
	-3/30/19- 2nd shift. -3/14/19- 2nd shift.						
	-3/14/19-21d Shift.						
	-2/23/19- 3rd shift.						
	-2/11/19- 3rd shift.						
	-2/3/19- 1st shift.						
	-1/20/19- 1st shift.						
	-1/18/19- 2nd shift.						
	-1/7/19- 1st shift.						
	-For the fourth quarter of 2018, there were no						
	documentation that fire drills had been performed.						
		arter of 2019, there were no					
	fire drills for 2nd sh						
		B/5/19 of the facility's disaster					
	drill log revealed the						
	-7/10/19- 2nd shift.						
	-5/18/19- 2nd shift.						
	-4/11/19- 2nd shift. -3/30/19- 2nd shift.						
	-3/19/19- 2nd shift.						
	-2/23/19- 3rd shift.						
	-1/26/19- 1st shift.						
	-1/18/19- 2nd shift.						
	-1/12/19- 2nd shift.						
		rter of 2018, there were no					
		t disaster drills had been					
	performed.	arter of 2019, there were no					
	disaster drills for 1s						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
мы о		MHL001-169		B. WING		05/2010	
					00/	08/05/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JUST IN TIME YOUTH SERVICES II 111 DOGWOOD DRIVE BURLINGTON, NC 27215 111 DOGWOOD DRIVE							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 114	Continued From pa	age 2	V 114				
	revealed: -Facility operated u -First shift was from -Second shift was from -Third shift was from -Fire and disaster of office. -He believed all dril accordingly, but ha logs. -He confirmed staff conditions that sim	with the Program Manager inder three shifts. In 7:00 am to 3:00 pm. from 3:00 pm to 11:00 pm. In 11:00 pm to 7:00 am. drills log had been kept at the lls had been performed d some trouble locating the f failed to conduct drills under ulate fire and disaster r each shift on each quarter.					
V 736	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf	ity and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly be kept free from offensive	V 736				
	Based on observat failed to assure fact in a safe, clean, att The findings are: Observation on 8/5 area revealed: -Blue carpet was w	et as evidenced by: ion and interview, the facility ility grounds were maintained ractive and orderly manner. i/19 at 12:15 PM of the Dinning rrinkled and posing as a trip]				
	hazard. Observation on 8/5	/19 at 12:18 PM of the Seating]				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-169	B. WING		08/	05/2019	
IAME OF I	PROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, ST	TATE, ZIP CODE			
IUST IN	TIME YOUTH SERVIC	CESII	OGWOOD DRIVE				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From pa	age 3	V 736				
	area revealed: -Corner wall between seating area and dining room had stains and paint peeling off. -Carpet was stained at numerous spots.						
	-Observation on 8/5/19 at 12:25 PM of client #1's bedroom revealed: -Door frame had paint peeling off.		t1's				
	leading upstairs rev -Handrail was disco -Corner of wall had	olored and paint peeling off					
	bedroom revealed: -Several fixed but u	i/19 at 12:35 PM of client #6 unpainted patched on the w and broken on the bottom.					
	Observation on 8/5 bathroom revealed -Toilet seat's paint l		tairs				
	Observation on 8/5 and #4's bedroom -Several stains on		#2				
	bedroom revealed:	unpainted patched on the w al stains.					
	revealed: -He was aware that different places.	with the Program Manage t the carpets were stained a t the facility needed to be					

STATE FORM

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 DOGWOOD DRIVE	/05/2019							
IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
111 DOGWOOD DRIVE								
IUST IN TIME YOUTH SERVICES II 111 DOGWOOD DRIVE								
BURLINGTON, NC 27215								
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTIONPREFIX(EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGPREFIX(EACH CORRECTIVE ACTION SHOULD BE TAGTAGREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE							
V 736 Continued From page 4 V 736								
repainted. -He was aware that the toilet seat in bathroom needed to be changed. -Facility was responsible for doing maintenance. -Facility normally rented carpet cleaning equipment and shampooed the carpets, but stains reappeared soon after. -He had toilet seat ready to be placed in the bathroom. -He confirmed the facility grounds were not maintained in a safe, clean, attractive and orderly manner.								