Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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	INITIAL COMMENTS An Annual Survey was completed on 7/31/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	DHSR - Mental Health AUG 22 2019 Lic. & Cert. Section	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: President

(X6) DATE: 8-15-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to update treatment strategies to address the treatment needs for 3 of 3 audited clients (#1, #3, #4). The findings are: Record review on 7/25/19 and 7/26/19 for Client #1 revealed: -Admitted on 4/17/19 with diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, and Cannabis Use Disorder. -Age 17. -History of prior substance abuse while in placement. -Clinical assessment addendum recommended that a substance abuse assessment be completed, and that Client #1 receive substance abuse services while in treatment. -The treatment plan included goals to address the behaviors and symptoms associated with ODD and ADHD and strategies to reduce aggression, lying, lack of focus and the need for redirection while at the home, in school or in the community. Goals also included reduction of emotional and behavioral disruptions and the development of independent living skills. -The treatment plan did not include goals or strategies to address the substance abuse. -The treatment plan did not address the supervision of Client #1 while in the community at the summer day camp. Record review on 7/26/19 for Client #3 revealed: -Admission Date: 3/8/19 -Diagnosis: Dysthymic Disorder, Cannabis abuse, uncomplicated, Rule out Conduct Disorder -Age: 15	V 112	All Clients information have been revewed and updated. When a Client is initially updated we generally wait about 60 days to monitor their behaviors to make a determination about Contined Course of treatment. All 3 of the consumers information has been updated Since th review. The Clients that need substance abuse Tx have been recieving through our certified LP.	8/10/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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 112	Continued From page 2	V 112		

-Legal Issues: Adjudicated on Larceny and Possession of Marijuana-on probation
-Completed Abuse Intensive Outpatient Treatment (SAIOP) successfully prior to facility admission
-Treatment plan included the following goals: regulate anger, increase functional skills by following directions, Learn independent living skills, Acquire skills to maintain sobriety
-Treatment plan did not address the supervision of client in the community at the summer camp.

Record review on 7/26/19 for Client #4 revealed:
-Admission Date: 6/18/19
-Diagnosis: Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD)
-Age: 12
-Comprehensive Evaluation of Sexual Harm by Youth: Reports that Client #4 is not a victim of sexual abuse. He became sexually activated at age 8-9 by watching pornography on the computer. The evaluation notes Client #4 "lacks understanding of boundaries, social ques, and age appropriate expression of sexual interest. It should be noted that 'Client #__' does demonstrate the proclivity to be manipulative and as such, interactions with children younger than age 15 should be supervised as 'Client #4' is responsive to firm boundaries and redirection." The evaluation notes risk factors that include Client #4's lack of remorse and unwilling to discuss his offense, reporting also that Client #4 has had no further harmful criminal behavior since the evaluation completed in June 2019 (specific date not documented on Evaluation).
-Treatment plan included the following goals: decrease ODD symptoms, decrease ADHD symptoms, reduce symptoms associated with sexual behavior, reduce symptoms associated with stepping down to a lower level of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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 112	Continued From page 3	V 112		

-Treatment plan did not address the supervision of client in the community at the summer day camp.

Interview on 7/25/19 with Client #1 revealed:
-He attended a local club program daily Monday through Friday.
-Two of the facility staff also worked at the day club program.

Interview on 7/25/19 with Client #3 revealed:
-He attended a local club program daily Monday through Friday.
-Two of the facility staff also worked at the day club program.

Interview on 7/25/19 with Client #4 revealed:
-Client #4 attends a day camp Monday-Friday. His favorite activities at the day camp is to get on the computer, play video games, watch Netflix and go to the pool.
-Staff drop the clients off at the day camp and pick them back up at the end of the day.
- Client #4 reports he has never missed any medication but reports a staff person tried to give "a wrong pill at night because they were sleepy." Client #4 states he is familiar with what pills he took and he refused to take the pill staff was trying to give him as it was a morning pill for his ADHD and not his white Melatonin tablet.

Interview on 7/26/19 with the Facility Owner/Licensee revealed:
-Client #1, #2 and #3 attended the day program during the summer for 8 hours per day Monday through Friday.
-The facility does not send additional staff to the camp to supervise the clients.
-Two camp staff also work shifts at the facility, so they are familiar with the client's individual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	**208 KENWOOD DRIVE SHELBY, NC 28151**

(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 112	Continued From page 4 treatment needs at the camp. -The Owner/Licensee met with the two-facility staff who also work at the day camp, one of whom is the Camp Director, prior to sending the clients to review the client needs. -Only Client #4 had incidents at the day camp. On June 18th he was in a fight and on July 15th he was caught accessing pornography on a computer. -The facility staff were informed of the camp incidents via "verbal pass along" from the Camp Director to the AP. The therapist was notified to address the issue with the client immediately. The guardian was notified. Interview on 7/26/19 with the Facility's Case Manager (CM) revealed: -The CM is responsible for updating all of the treatment plans after Child and Family Treatment (CFT) team meetings. -The clients attending the summer day camp was discussed at treatment team meetings for all of the clients, but the need for individual staff supervision to address each client's individualized treatment goals was not discussed or added into the Person-Centered Plan (PCP) or CFT meeting notes to indicate a plan for addressing supervision needs. -The CM was not aware that the need for staff supervision applied to camp/community programs, but the CM will look into revising the PCP's in the future to include specific staff supervision plans/needs to address each client's individual treatment needs/goals in community programs. -She indicated that she thought the substance abuse goal had been added to the treatment plan for Client #1 but could not locate where that had been done.	V 112	In reference to Client being in Day Camp, we have sent an additional Staff to assist with the monitoring of Consumers while in the camp. Staff will in the future send a Staff to monitor the kids when in the community for camps or other activities.	8/10/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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 118	Continued From page 5	V 118		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, record review and	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	**208 KENWOOD DRIVE SHELBY, NC 28151**

(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 118	Continued From page 6 interviews the facility failed to ensure medications were administered as ordered and failed to ensure Medication Administration Records (MARs) were accurate for 2 of 3 clients (#1 and #4). The findings are: Observation on 7/25/19 at 10:10AM of the medications for Client #1 revealed: -Albuterol 90mcg inhaler available but had expired on 6/1/19. Record review on 7/25/19 and 7/26/19 for Client #1 revealed: -Admitted on 4/17/19 with diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, and Cannabis Use Disorder. -Age 17. -Physician's order dated 5/23/19 for Omeprazole 20mg, one daily for 14 days. -No physician's order for the Albuterol 90mcg inhaler. Review on 7/25/19 of the 5/2019-7/2019 MARs for Client #1 revealed: -Omeprazole was documented as administered for 34 days. -Client #1 did not use the Albuterol inhaler. Observation on 7/26/19 at 10:10AM of the medications for Client #4 revealed: -The facility had a bottle of Melatonin 3mg. Record review on 7/26/19 for Client #4 revealed: -Admission Date: 6/18/19 -Diagnosis: Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD) -Age: 12	V 118	As a result of survey we have implemented A plan to ensure that when new consumer comes in that th QP and therapist review all med orders to make sure that all meds are followed. we created a check sheet that is sent to other providers on our requirements prior to admission. We will audit all med orders an medication to make sure they are active.	8-10-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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 118	Continued From page 7	V 118		

-Physician's order dated 4/15/19 for Melatonin 10mg, 1 tablet at bedtime.
--The MAR indicates a single 3mg Melatonin tablet was dispensed 1x at bedtime for 6/1/19 through 7/24/19.

-Physician's order dated 7/8/19 for Vitamin D 50,000 IU capsules, 1 capsule by mouth every week.
--Vitamin D 50,000 IU capsules is not listed on the July 2019 MAR.
--Vitamin D 50,000 IU capsules is listed on the June 2019 MAR and is documented correctly as being administered weekly prior to the MD order to begin administering the medication on 7/8/19.

-Physician's order dated 4/15/19 for Fluticasone Propionate 50mcg, 1-2 sprays into nostrils as Needed.
--The MAR for June 2019 reports the administration direction as 2 sprays in each nostril daily
--The MAR for July 2019 reports the administration directions as 1-2 sprays into nostrils daily as Needed.
--The MD order administration directions note the medication is a PRN or as needed medication, but this was transposed onto the handwritten MAR as a daily medication and was documented as being given daily.

Interviews on 7/25/19 with Client #1 and Client #2 revealed:
-Both clients indicated that they received medications daily.

Interview on 7/25/19 with Client #4 revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ____ B. WING ____	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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 118	Continued From page 8	V 118		

- Client #4 reports he has never missed any medication but reports a staff person tried to give "a wrong pill at night because they were sleepy." Client #4 states he is familiar with what pills he took and he refused to take the pill staff was trying to give him as it was a morning pill for his ADHD and not his white Melatonin tablet.

Interview on 7/25/19 with the local pharmacy revealed:
-The Omeprazole order for Client #1 was written on 5/23/19 by a physician at the local emergency room. This was a one-time order for a limited supply.
-The had not received any additional orders for the Omeprazole.

Interview on 7/26/19 with staff #1 revealed:
-Staff #1 reported she made an error when she put the Vitamin D 50,000 IU capsules on the June MAR and she meant to put it on the July MAR. She reports she will slow down when she is crating the handwritten MARs and be more careful.
- Staff #1 was able to show the remaining number of pills in the Vitamin D 50,000 IU and note the correct administration had occurred weekly as ordered. This was erroneously documented on the June 2018 MAR.
- Staff #1 understood the need for a 10mg Melatonin tablet instead of 3 mg tablet to correctly administer the medication as ordered.
- Staff #1 reported she gives only one 3mg tablet of Melatonin at bedtime and does not give multiple tablets.
-She indicated that the pharmacy would not initially fill the Omeprazole because the medication was available over the counter. She then bought the medication over the counter used that for administration. The pharmacy later filled

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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 118	Continued From page 9 the prescription and the facility continued to administer the medication. The medication was given longer than initially prescribed but no follow up order was obtained.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean, attractive, orderly manner. The findings are: Observations on 7/25/19 at 9:00 AM of the outside appearance of the facility revealed the following items in disrepair: -The facility grass in the front and back yard was 5-6" high. -The mailbox post was off-kilter and the mailbox was dented/damaged and left open (may not closed due to damaged door). -The sidewalk to the front door was covered in debris/mud from flooding. -The front porch, front windows and front door were covered with spider webs. -The roof has moss growing on it and the shingles appear discolored. -The front rain gutters are disconnected from the house and bowing over the garage with weeds growing out of them.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ___ B. WING ___	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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 736	Continued From page 10	V 736		

- The left side of the house had trash/debris scattered about (car seat, paper plates, rags, empty
bottles, etc.).
- All Metal lattice work on the front of the house was rusted with paint peeling off in large sections.
-The garage door entrance, being utilized as the main entrance, had a 2" hole in the door.

Observations on 7/25/19 at 10:00 AM of the inside of the facility revealed the
following items in disrepair:
-The living room carpet was covered with several dark stains.
-The HVAC vent in the main hallway was blackened with dirt/soot.
-The facility hall bathroom sink, used by all clients, was not draining and the drywall in the bathroom was peeling in two places above the sink.
-Client Bedroom #1 had an approximate 16" x 10" hole in the door, an approximate 16" x 12" patch of unpainted drywall was evident where a hole had been fixed, and there was no switch plate cover on the light switch.
-Client Bedroom #2 had an approximate 16" x 16" HVAC vent uncovered exposing ductwork, window blinds were missing several slats, and the lamp had no shade.
-Client Bedroom #4 had an approximate 12" x 16" patch on the closet door and the patch had a 2" hole that had been poked all the way through it. The closet had no hangers in it and all the clothes were in a pile on the floor. The dresser was missing a drawer.

Observation at 10AM on 7/26/19 of the outside of the facility:
-The front and back yard had been mowed and lawn maintenance person was loading up the

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-107	A. BUILDING: ______ B. WING ______	07/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INWARD BOUND	208 KENWOOD DRIVE SHELBY, NC 28151

(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 736	Continued From page 11 lawn mower as surveyors arrived on-site. Observation at 1:00PM on 7/26/19 of the inside of the facility: -There were two maintenance men working on the inside of the facility while surveyors conducted record reviews and interviews. -The two maintenance men replaced the light switch plate cover in Client #1's bedroom and all interior doors that had holes in them. Interview on 7/26/19 with the Facility Owner/Licensee revealed: -Owner/Licensee stated they had been renting the facility for 17 years and it was harder to keep maintained as it was an older home. -The regular maintenance man that is used at the owner's other facilities had gotten behind in addressing the maintenance needs at this site. Interview on 7/26/19 with Associate Professional (AP) #1 revealed: -The facility hired someone to do the maintenance inside and outside of the facility. -The grass had not been cut in two weeks and the facility had to hire a new person to do that. -The maintenance procedure was to contact the facility owner/licensee to coordinate needed repairs.	V 736	All the maintenance needs of the facility have been met. we have talked to the home owner about the upkeep of the facility and they said they would do a better job of upkeep. we told the owner if not we would be seeking another home.	8/10/19