

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/05/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JUST IN TIME YOUTH SERVICES II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 DOGWOOD DRIVE BURLINGTON, NC 27215</b>
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(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  A follow up survey was completed on 12/5/19. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children and Adolescents.	{V 000}		
{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 observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 12/3/19 at approximately 2:10 PM of the facility revealed the following issues: -Dining room area-The carpet was torn, faded and had curled edges. -Den area-Carpet had dark spots. The couch had faded spots. -Hallway-The area rug had curled edges. -Client #5's bedroom-Carpet had dark spots. Bedroom door had a crack approximately 14 inches long. The door knob was loose. -Bathroom #1-The toilet paper holder was broken. Paint was peeling on the wall -Bathroom #2-The toilet seat was faded. -The stairway area-The carpet was stained and	{V 736}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{V 736}	<p>Continued From page 1</p> <p>orn.</p> <p>-Client #4's bedroom-The carpet had dark stains. The walls were stained. The knob to the closet door was missing. The knob to the bedroom door was loose. The bedroom door was stained and had a crack approximately the size of an orange.</p> <p>-Client #3's bedroom-Carpet was stained. The bedroom door was stained.</p> <p>-Clients' #1 and #2 bedroom-Carpet was stained. The walls were stained.</p> <p>-Client #2's bedroom-There was a set of broken blinds and television had a build up of dust on top.</p> <p>Interview with Program Manager on 12/3/19 revealed:</p> <p>-The clients were responsible for some of the maintenance issues with the home.</p> <p>-Some of the repairs were completed for the home after the annual survey in August 2019.</p> <p>-He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	{V 736}		