	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		MHL004-016	B. WING	B. WING		29/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ORNEF	STONE TREATMENT	FACILITY	LCE ROAD BORO, NC 281	70		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	completed on Janu #NC00160490 was #NC00160181and i unsubstantiated. De This facility is licens category: 10A NCA	nts and follow-up survey was ary 29, 2020. The complaint substantiated. Complaints #NC00160438 were eficiencies were cited. sed for the following service C 27G .1900 Psychiatric				
V 364	Adolescents.	ent for Children and litional Rights in 24 Hour	V 364			
	Facilities. (a) In addition to the 122C-51 through G who is receiving tre 24-hour facility kee (1) Send and received access to writing massistance when ne (2) Contact and co and at no cost to the physicians, and prived developmental disar professionals of his (3) Contact and co there is a client adw The rights specified restricted by the face exercise these right (b) Except as prov- of this section, each treatment or habilitat times keeps the rig (1) Make and rece	ve sealed mail and have aterial, postage, and staff ecessary; nsult with, at his own expense e facility, legal counsel, private vate mental health, ibilities, or substance abuse choice; and nsult with a client advocate if rocate. I in this subsection may not be cility and each adult client may ts at all reasonable times. ided in subsections (e) and (h) n adult client who is receiving ation in a 24-hour facility at all				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	MHL004-016		B. WING		01/29/2020	
	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST			
		129 WA	LLCE ROAD			
ORNEF	STONE TREATMEN	ΤΕΔΟΙΙΙΤΥ	BORO, NC 281	70		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 364	Continued From pa	age 1	V 364			
	collect to the receiv (2) Receive visitor a.m. and 9:00 p.m. hours daily, two ho p.m.; however visito over therapies; (3) Communicate supervision with in upon the consent of (4) Make visits out unless: a. Commitment p the result of the cli violent crime, inclu assault with a dead respondent was for insanity or incapab b. The client was committed to the fa commitment to a co Division of Adult C Public Safety; or c. The client is be to proceed pursua A court order may otherwise prohibite conditions prescrib (5) Be out of door facilities and equip several times a we (6) Except as prof personal clothing a client is being held proceed pursuant (7) Participate in r	rs between the hours of 8:00 . for a period of at least six burs of which shall be after 6:0 ting shall not take precedence and meet under appropriate dividuals of his own choice of the individuals; tside the custody of the facility proceedings were initiated as ent's being charged with a iding a crime involving an dly weapon, and the und not guilty by reason of ble of proceeding; voluntarily admitted or acility while under order of correctional facility of the orrection of the Department of eing held to determine capacit nt to G.S. 15A-1002; expressly authorize visits ed by the existence of the bed by this subdivision; s daily and have access to ment for physical exercise eek; hibited by law, keep and use and possessions, unless the to determine capacity to to G.S. 15A-1002;	, ,			

		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVE COMPLETED		
	MHL004-016		B. WING		01/	29/2020
	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE. ZIP CODE		
		129 WAI	LCE ROAD			
JURNER		WADESE	BORO, NC 281	170		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From pa	ige 2	V 364			
	prohibited by Chap and (10)Have access to his private use. (c) In addition to the 122C-51 through G who is receiving tre 24-hour facility has proper adult supervise recognition of the minimal opportunities to enal emotionally, intelled vocationally, intelled vocationally, intelled vocationally, intelled vocationally, intelled vocationally, intelled vocationally in view and intellectual imm 24-hour facility shal structure, supervisi the rights given to the The facility shall alse reasonable efforts of client receives treat adult clients unless minor client dictate Each minor client with habilitation from a 2 (1) Communicate and guardian or the age custody of him; (2) Contact and co or that of his legally cost to the facility, I physicians, private disabilities, or subs his or his legally res (3) Contact and co there is a client adv The rights specified	ter 20 of the General Statutes; o individual storage space for ne rights enumerated in G.S. 5.S. 122C-57 and G.S. 6.S. 122C-61, each minor client beatment or habilitation in a the right to have access to vision and guidance. In ninor's status as a developing or shall be provided able him to mature physically, ctually, socially, and v of the physical, emotional, naturity of the minor, the Il provide appropriate on and control consistent with he minor pursuant to this Part. 50, where practical, make to ensure that each minor tment apart and separate from the treatment needs of the otherwise. vho is receiving treatment or 24-hour facility has the right to: and consult with his parents or ency or individual having legal onsult with, at his own expense v responsible person and at no egal counsel, private mental health, developmental tance abuse professionals, of sponsible person's choice; and onsult with a client advocate, if				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-016			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
		MHL004-016	B. WING			01/29/2020
AME OF	PROVIDER OR SUPPLIER	1	DRESS, CITY, ST			
		129 WAI	LCE ROAD			
ORNER	STONE TREATMEN	WADESE WADESE	ORO, NC 281	70		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
V 364	Continued From pa	age 3	V 364			
	may exercise thes (d) Except as provo of this section, each treatment or habilit the right to: (1) Make and rece distance calls shall time of making the receiving party; (2) Send and rece writing materials, p when necessary; (3) Under appropri- visitors between th p.m. for a period of hours of which sharvisiting shall not ta therapies; (4) Receive special training in accordar (5) Be out of door recreation, and phy basis in accordar (6) Except as profi- personal clothing a appropriate superv- held to determine G.S. 15A-1002; (7) Participate in r (8) Have access to the safekeeping of (9) Have access to of his own money; (10)Retain a driver prohibited by Chap (e) No right enum of this section may by the qualified pro-	e rights at all reasonable times. vided in subsections (e) and (h) ch minor client who is receiving tation in a 24-hour facility has eive telephone calls. All long I be paid for by the client at the call or made collect to the eive mail and have access to postage, and staff assistance riate supervision, receive the hours of 8:00 a.m. and 9:00 f at least six hours daily, two all be after 6:00 p.m.; however ke precedence over school or al education and vocational nce with federal and State law; s daily and participate in play, ysical exercise on a regular the with his needs; hibited by law, keep and use and possessions under vision, unless the client is being capacity to proceed pursuant to religious worship; o individual storage space for personal belongings; o and spend a reasonable sum				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL004-016	B. WING		01/	29/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	STONE TREATMENT	129 WAL	LCE ROAD			
CORNER		WADESE	BORO, NC 28	170		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From pa	ige 4	V 364			
	client's record that for the restriction. T reasonable and rela- habilitation needs. A period not to excee each restriction sha qualified profession at which time the re- Each evaluation of documented in the rights may be renew statement entered the client's record t renewal of the restr client who has not k in each instance of of a restriction of rig by the client shall, u be notified of the re- it. In the case of a r adult client, the lega be notified of each or renewal of a rest reason for it. Notifico individual or legally documented in writ This Rule is not me Based on interview failed to: a) Ensure	s, and observation, the facility clients were allowed to keep				
	and use personal c supervision affectin and #3) and b). En- opportunity to make	lothing under appropriate Ig 3 of 3 clients (Clients #1, #2, sure that clients have the e and receive confidential ecting 3 of 3 clients (Clients #1,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL004-016		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		01/	01/29/2020	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
ORNER		ΓΕΔΟΙΙΙΤΥ	LCE ROAD BORO, NC 281	70		
(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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 364	Continued From pa	age 5	V 364			
	#2, and #3). The fi	ndings are:				
	-Admission date of -Diagnoses of Post Unspecified Disrup Conduct Disorder; Disorder, Combine Abuse; Child Negle -Current treatment	t Traumatic Stress Disorder; tive Impulsive Control; Attention Deficit Hyperactivity d Presentation; Child Physical				
	-Admission date of -Diagnoses of Disr Disorder; Rule Out Disorder; Attention Combined Present Physical Abuse; Ch -Current treatment	uptive Mood Disregulation Post Traumatic Stress Deficit Hyperactivity Disorder, ation (per history); Child				
	-Admission date of -Diagnoses of Disr Disorder; Conduct Type; Attention Det Combined Present Child Neglect (per -Current treatment	uptive Mood Dysregulation Disorder, Childhood Onset ficit Hyperactivity Disorder, ation; Child Sexual Abuse;				
	Questions and Ans Q- What items do I the day of admission	need to bring for my child on				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-016			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
		B. WING		01/	20/2020	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		017.	29/2020
		129 WAI	LCE ROAD			
	STONE TREATMENT	WADES	BORO, NC 281	70		
(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) COMPLE DATE
V 364	Continued From pa	age 6	V 364			
	underwear, slippers and hygiene items. Q: Are residents allowed to make and receive phone calls? A: Yes. Communication with our residents is encouraged. You will be provided with a phone call schedule shortly after admission to ensure each resident has an opportunity to call loved ones. Interview on 1/29/20 with Client #1 revealed: -She had to wear uniforms during education time. -She was allowed to change into her regular clothes after education time. -She was only able to use the phone on certain days of the week and at certain times.					
	-She had to wear u -She was allowed t clothes after educa -She was able to us nobody to call. -Other girls were all	0 with Client #2 revealed: niforms during education time o change into her regular tion time. se the telephone, but she had ble to call their family on week and at certain times.				
	-She had to wear u -She was allowed to clothes after education	to use the phone on certain				
	Observation on 1/2 of the facility reveal -All students were v		1			
	revealed:	0 with the Executive Director their uniforms during education	n			

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
MHL004-016		MHL004-016	B. WING		01/29/2020	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
CORNER	RSTONE TREATMENT	F FACILITY	LCE ROAD BORO, NC 28 ⁷	170		
(X4) ID	-	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	COMPLET DATE
V 364	Continued From pa	age 7	V 364			
	clothes afterwards. -Person from Disate explained the generights in a 24 hour from 24 hour fro	bility Rights had come and ral statutes regarding client facility. the telephone was ler to not allow disruption of for clients not to use it all at needed to use the phone, they e staff at any time. d that students had to wear g education time and that they use of the telephone only at				
V 736	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf	ty and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive	V 736			
	Based on observati failed to ensure fact in a clean, safe and findings are: Observation on 1/2 1:30 p.m. of the fact -Hallway- There was chipping away from	et as evidenced by: ion and interview, the facility ility grounds were maintained d attractive manner. The 9/20 between 1:17 p.m. and cility revealed: as a large section of paint n wall outside of bedroom #2. ze hole on the wall next to				

	of Health Service Realth Service Rea	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL004-016	B. WING	B. WING		29/2020
IAME OF	PROVIDER OR SUPPLIER	L	DDRESS, CITY, ST	TATE, ZIP CODE		
		129 WAI	LCE ROAD	,		
URNER	RSTONE TREATMENT	WADESE	BORO, NC 281	170		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ge 8	V 736			
	were dark and stair -Bedroom #2- Edge were dark and stair -Bedroom #3- Edge were dark and stair a large crack inside -Bedroom #4- Edge were dark and stair -Bedroom #5- Edge were dark and stair -Bedroom #6- Edge were dark and stair several sections of wall and repaired p be repainted. -Bedroom #7- Edge were dark and stair sections of paint pe wall next to the ligh -Bedroom #8- Edge were dark and stair sections of paint pe wall next to the ligh -Bedroom #8- Edge were dark and stair sections m#8- Edge were dark and stair on the wall. -Bedroom #9- Edge were dark and stair paint were peeled o -Bathroom #6- Har -Activity Room- Sev on the ceiling. Walls Interview on 1/29/2/ revealed: -She was aware tha repainted at certain -Indicated that the p from the residents a	es between flooring and walls ned in brown color. es between flooring and walls ned in brown color. There was a the closet. es between flooring and walls ned in brown color. es between flooring and walls ned in brown color. There were paint peeled off on the atches on the wall needed to es between flooring and walls ned in brown color. There were paint peeled off on the atches on the wall needed to es between flooring and walls ned in brown color. There were paint peeled off on the atches on the wall needed to es between flooring and walls ned in brown color. Scratches es between flooring and walls ned in brown color. Scratches es between flooring and walls ned in brown color. Patches of off near the window. nt was peeled off by the light adle from faucet came off. veral stains/markings observed s were dirty/stained. 0 with the Executive Director at the facility needed to be places. paint was being peeled off				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	MHL004-016	B. WING		- 01/29/2020	
IAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, ST	IATE, ZIP CODE		
ORNERSTONE TREATMENT	FΔCII ΙΤΥ	LCE ROAD BORO, NC 281	70		
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPLE	
V 736 Continued From pag	e 9	V 736			
being built up after fl -She was not aware bathroom #C had co -Maintenance staff w making needed repa -Maintenance staff w faucet in bathroom # needing paint. -She confirmed the f grounds were mainta attractive manner.	that the handle from me off. vas present on premises and irs. vas to replace handle from C and touch up on places facility failed to ensure facility ained in a clean, safe and titutes a re-cited deficiency				