

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-728</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE FOREST II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3833 BUFFALOE ROAD RALEIGH, NC 27604</b>		
(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 and follow up survey was completed March 13, 2020. A Deficiency was cited.  This facility is licensed for the following service category: 10A NCAC. 1700 Residential Treatment Staff Secure for Children or 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 was not maintained in a safe, attractive and orderly manner. The findings are:  Observation on 03-13-20 at approximately 1:30 PM revealed: -hood to the stove rusted and paint peeling. -multiple kitchen cabinets broken. -carpet ripped in living room about 5 feet long. -electrical socket cover broken in hallway bathroom. -light fixture was missing 2 of 4 bulbs and covers in the client hallway bathroom. -client hallway bathroom vanity drawer on the cabinet were broken. -bathroom sink was clogged in client #2 & #5's bedroom.	V 736		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-728</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE FOREST II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3833 BUFFALOE ROAD RALEIGH, NC 27604</b>		
(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	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-when the water was turned on the water stayed in the sink and was very slow to go down the drain.</li> <li>-shower head in client #2 &amp; #5's bedroom bathroom missing.</li> <li>-hole in vanity door size of a baseball in client #2 and #5's bedroom bathroom.</li> <li>-floor vent missing in client #3's bedroom.</li> </ul> <p>Interview on 03-13-20 the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-just noticed the kitchen stove hood, will let licensee know.</li> <li>-confirmed carpet is ripped.</li> <li>-can replace the electrical socket cover.</li> <li>-was told earlier that week about the clogged sink, it will be fixed.</li> <li>-there wasn't a hole in the vanity cabinet door earlier this week.</li> <li>-just noticed the vent cover missing.</li> </ul> <p>[This deficiency has been cited 3 times since the original cite on 4-12-17 and must be corrected within 30 days.]</p>	V 736		