

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2020
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NAME OF PROVIDER OR SUPPLIER BONNIE'S HOME FOR YOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NATIONS FORD ROAD CHARLOTTE, NC 28217
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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	<p>INITIAL COMMENTS</p> <p>A complaint survey was attempted on December 8, 2020. According to the Group Home Manager, there are no clients being served at the facility. The last time clients were served at the facility was July 13, 2020.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>Observation on 12/8/20 at approximately 10:00am/Interview with the Group Home Manager revealed: -Rang doorbell and knocked on side door overlooking driveway. No answer at door. Went to the next-door home which is a sister facility and knocked on the door. Spoke with the Group Home Manager. There were no clients being served at Bonnie's Home for Youth (facility). The last time there was a client served at the facility was 7/13/20. (Division of Health Service Regulation personnel had previously attempted a survey at the facility in late July, 2020 and have reviewed necessary documents regarding the last client served.)</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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