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						
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPL	ILD					
		MHL098-145	B. WING		01/1	3/2021					
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE							
GETTING READY INC 510 CHURCH STREET											
		BLACK CF	REEK, NC 278	13							
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	(X5) COMPLETE DATE						
V 000	INITIAL COMMENTS		V 000								
	A complaint and follow on January 13, 2021. substantiated (Intake deficiency was cited.										
	categories: 10A NCA for Children and Adol Behavioral Disturband	d for the following service C 27G .1400 Day Treatment escents with Emotional or ces and 10A NCAC 27G									
	Program.	se Intensive Outpatient									
V 736	736 27G .0303(c) Facility and Grounds Maintenance		V 736								
	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										
		n and interview, the facility n a safe, clean, attractive The findings are:									
	Observations on 1/13 10:45am revealed: -Classroom #1: Paint not been cleaned. -Classroom #2:	/21 at approximately was in both sinks and had									
	-Classroom #3: 2 hol white patched area at the door near the tea	es in wall behind door. A nd not painted was behind chers desk. A ceiling tile nage and was brown in									

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
MIII 000 445		MUU 000 445	B. WING			R 01/13/2021						
MHL098-145												
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 510 CHURCH STREET												
GETTING READY INC BLACK CREEK, NC 27813												
(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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE						
V 736	colorKitchen area: White painted next to the sir table of food storage several nail holes pre-Several areas in the sheetrock and peeling-The end of the hallwhad 2 white patched a During interview on 1. Human Resources re-The area in the kitch they were removedThe other areas in the	patched area and not hk. A large area under the had sheetrock exposed and sent in the wall. hall way that had exposed g paint. ay at the back of the facility areas and not painted. //13/21 the Director of vealed: en use to have cubbies and he facility would be repaired.	V 736									

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