Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SU IDENTIFICATION		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL004-016		B. WING		04/2	04/26/2021	
					STATE, ZIP CODE		
CORNER	CORNERSTONE TREATMENT FACILITY 129 WALLCE ROAD WADESBORO, NC 28170						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE ' MUST BE PRECEDE SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 000	V 000 INITIAL COMMENTS			V 000			
	An annual and com on April 26, 2021. Tunsubstantiated (interpretation of the property of the property) and property of the pro	he complaint water #NC00176 ited. sed for the follow C 27G. 1900 Ps	as 177). ving service ychiatric				
Adolescents.							
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance		V 736				
	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor.	REMENTS I its grounds sha e, clean, attracti	all be ve and orderly				
	This Rule is not me Based on observati failed to ensure faci in a clean, safe and findings are:	on and interview ility grounds wer	v, the facility re maintained				
	Observation on 4/20 1:00 PM of the facil -Bedroom #1- Ceilir light bulb tubesBedroom #2- Large the wall was peeled - There wa the windowBedroom #3- There first closet.	ity revealed: ng light fixture w e section of sheal off. s graffiti written	as missing the etrock from on the wall by				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL004-016		B. WING		04/2	26/2021
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
0001155	OTONE TOPATMENT	EAOU ITV	129 WALL	CE ROAD			
CORNER	RSTONE TREATMENT	FACILITY	WADESB	ORO, NC 28	170		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From page 1			V 736			
V 730	- Patched to closet was not paint-Bedroom #4- There on the wall by the light on the wall by the light on the wall by the light of rotten and starting to the wall by the shown of rotten and starting to the wall by the shown of rotten and starting to the wall by the shown of rotten and starting to the wall by the shown of rotten and starting to the wall by the shown of rotten and starting to the wall by the shown of rotten and starting to the wall by the shown of rotten and starting to the wall by the shown of rotten and starting to the wall by the light of the wall by the light on the wall by the light of the wall by the light of the wall to the left to the wall by the light of the wall to the left to the wall by the light of the wall to the left to the wall by the light of the wall by the	up work on wall inside ted over. e was a patch of the sight switch that was personal support of the sight switch that was personal support of the sight switch that was personal support of the sheet of the support of th	sheetrock seled off. the heetrock seled off. the sink off and crock on ff. wer were on the of the ssing the seeded to ssing the ts. crock on sheetrock on sheetrock seled off. crock on nd sheetrock seled off.				
	the wall to the left the Bedroom #8- Inside stained. In need of Bedroom #9- There on the wall by the light - There was	nat was peeled off. e of closet was dirty a repainting. e was a patch of the s	nd sheetrock eeled off. k on the				

Division of Health Service Regulation

Division of Health Service Regulation

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL004-016	B. WING		04/2	6/2021
NAME OF PROVIDER OR SUPPLIER CORNERSTONE TREATMENT FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 129 WALLCE ROAD WADESBORO, NC 28170						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	- There wa closet. - Walls wer repaintingBathroom #C- Han - Ceiling light bulb tubes. Us - Paint from - There wa the wall by the show -Activity Room- Sew on the ceiling. Walls Interview on 4/26/2 revealed: -She was aware that repainted at certain -Indicated that the painted the painted sew of the residentsShe had put in wor fixtures. She information new fixtures to be in the light bulb tubes -She had also put in repaintedShe confirmed the	s graffiti written inside the re dirty and stained. Needed reliated from faucet was off. In the stain of the same	V 736			

6899

Division of Health Service Regulation STATE FORM

6TG511 If continuation sheet 3 of 3