

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 R 06/08/2021
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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>An annual, complaint, and follow up survey was attempted on June 8, 2021. According to the staff member, there were 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 6/8/21 at approximately 9:20am /Interview with Staff #1 revealed: -Rang doorbell at the side door overlooking driveway. Staff #1 answered the door and revealed there were no clients being served at the facility. She revealed she was in the facility getting necessary supplies for the sister facility next door. The last time there was a client served at the facility was 7/13/20. The Licensee was considering admitting clients again, but there was not timeframe for admission.</p>	V 000		

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