PRINTED: 07/30/2021 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-563				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING	B. WING		07/28/2021		
IAME OF F	ROVIDER OR SUPPLIER	STREET	TATE, ZIP CODE				
IEW BE	GINNINGS HEALTH C	CARE	YLE DRIVE GH, NC 27616				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An Annual and Complaint Survey was completed 7/28/21. Complaint intake #NC00177912 was substantiated. A deficiency was cited.		ed				
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III for Adolescents						
V 736	27G .0303(c) Facility and Grounds Maintenance		e V 736				
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS						
	maintained in a saf	d its grounds shall be e, clean, attractive and orde e kept free from offensive	rly				
		ion and interview the facility I in a safe and attractive					
	-Two smoke detect -Kitchen faucet har on hot or cold	7/21 at 2:45 PM revealed: ors chirping in the hallways adle loose and unable to tell in client #1 and #5's bedroo					
	bathroom -Sink knob in client	g in client #1 and #5's #1 and #5's bathroom broke aper rack hooks still in the wa nt #5's bathroom.					
	Interview on 7/27/2 stated:	1 the Associate Professiona					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-563	B. WING		07/	28/2021
AME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
IEW BE	GINNINGS HEALTH C	CARE	YLE DRIVE 6H, NC 27616			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF C	ORRECTION (X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE
V 736	Continued From page 1		V 736			
	rooms missing, had -Both bathrooms have missed taking -Had not noticed th	ced the bulbs in the clients d plenty in stock to fill them. ad been repaired and must g down the rack hooks. he ceiling fan blade missing. replaced in the smoke				

WLOM11