		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
MHL001-150		B. WING		R 08/02/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
YOUTH I	BUILDERS, LLC		RNINGSIDE I TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	ΓS	V 000			
	An annual, complaint and follow-up survey was completed on August 2, 2021. The complaint was unsubstantiated (intake #NC00179107). Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.					
	failed to conduct fir conditions that similand for each shift.	view and interview, the facility e and disaster drills under ulate emergencies quarterly				
	revealed:	. a.o idomity o ino drin log				

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL001-150		B. WING			R 08/02/2021	
NAME OF PROVIDER OR SUPPLIER YOUTH BUILDERS LLC 2423 MOF		DRESS, CITY, S RNINGSIDE I TON, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	-8/15/20- 3rd shift9/15/20- 3rd shift10/17/20- 2nd shift10/17/20- 2nd shift12/7/20- 2nd shift2/17/21- 2nd shift3/22/21- 1st shift4/19/21- 2nd shift6/10/21- 3rd shift6/10/21- 3rd shiftThere were no fire for the fourth quarterThere were no fire for the first quarterThere were no fire for the second quar. Review on 8/2/21 or revealed: -8/10/20- 1st shift9/15/20- 1st shift10/17/20- 2nd shift11/14/20- 1st shift12/7/20- 1st shift2/17/21- 1st shift3/22/21- 1st shift3/22/21- 1st shift5/17/21- 1st shift7/1/21- 1st shift.	drills performed on third shifter of 2020. drills performed on third shift of 2021. drills performed on first shift ter of 2021. f the facility's disaster drill log	V 114			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			ATE SURVEY OMPLETED	
AND I EAR OF CONNECTION		BERTH TO WHOM HOMBER.	A. BUILDING:				
MHL001-150		B. WING		R 08/02/2021			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
YOUTH E	BUILDERS, LLC		RNINGSIDE [TON, NC 27				
(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)	LD BE	(X5) COMPLETE DATE	
V 114	-Home operated ur -First shift was from -Second shift was from -Facility staff were of drills had to be don quarters. -She reported hear two different state s -She confirmed the disaster drills under emergencies quarter. This deficiency con and must be correct	ider three shifts. In 8:00 AM to 4:00 PM. Irom 4:00 PM to 12:00 AM. In 12:00 AM to 8:00 PM. Ironordised about how many Ironordise	V 114				
V 730	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saft manner and shall be odor. This Rule is not me Based on observatifialed to ensure facin a clean, safe and findings are: Observation on 8/2 area revealed: -Half of the cabinet	803 LOCATION AND REMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736				

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STATE FORM 6899 CQ3T11 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL001-150		B. WING			R 02/2021	
YOUTH BUILDERS LLC 2423 MOF			DRESS, CITY, S RNINGSIDE I TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 736	linoleum flooringsKitchen range had -Refrigerator had be Observation on 8/2s area revealed: -Refrigerator was le -Freezer section of stained with spilled -Chairs used for the chairs and the cloth and coming apart. Observation on 8/2s area revealed: -Four very large hol -Closet in living roo hanging bracket wa -There was a fist siz entrance from the li Observation on 8/2s room and the right o -Door was broken in holes in it as wellUnfinished repairs -Inside of closet had room could be see findings. Observation on 8/2s bathroom revealed: -Previous renovatio -Where mirror once unpainted plywood -Air conditioning ve -Medicine cabinet we -Inside of tub was de	been removed. een moved out /21 at 12:03 PM of the dining ocated in the dining area. the refrigerator was dirty and and frozen liquids. e dining table were office roll on the back rest were torn /21 at 12:04 PM of the living les on the right side wall. In was missing it's door and is sitting on the floor inside it. Ize hole on the wall next to the ving area into the dining area. /21 at 12:07 PM of the first of the hallway revealed: In different places and had were observed on the walls. It four large holes and living In through it. See living room /21 at 12:10 PM of the hall In in bathroom was unfinished. It is stood, there was a piece of and a frame in front of it. In the open and it's front door. /22 In the toilet was rusted. /23 In the toilet was rusted. /24 In the toilet was rusted. /25 In the toilet was rusted. /26 In the toilet was rusted. /27 In the toilet was rusted. /28 In the toilet was rusted. /29 In the toilet was rusted. /20 In the toilet was rusted.	V 736			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FEAN OF CONNECTION		ibertii io, triert trembert.	A. BUILDING:		001111 22125	
MHL001-150		B. WING		R 08/02/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			RNINGSIDE I			
YOUTH	BUILDERS, LLC		TON, NC 27			
0(4) 15	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 4	V 736			
	end of hall and straight revealed: -Closet door was not attached and leaning against a wallThere was unfinished patched-up work on the wallsWalls had holes punched inWalls were dirty/stainedThe inside of the bedroom door was broken on the bottom. Observation on 8/2/21 at 12:15 PM of room at end of hall and to the right revealed: -Walls were dirty/stainedThere were numerous holes on the wallsCeiling had water stainsThere was a hole on the closet door where it's					
	Interview on 8/2/21 with the Administrator revealed: -The kitchen was currently being remodeled, amongst with the rest of the house. -Materials had just being purchased and things where being fixed little by little. -House was pretty much getting a whole overhaul. -They had also just put in new windows. -New floorings were also being put it. -Due to the nature of it's population, they were constantly having to do repairs to the home such as fixing holes on the walls. -The big holes by the entrance door were recently made by one of the clients as he kicked the wall. -They were planning to do many of the repairs at the house whenever they resume their schooling so as to not bother them. -They did not foresee need to relocate temporarily as they did not expect dangerous situations and/or fumes while remodeling					

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continued.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		7. BOILDING.		R		
		MHL001-150	B. WING			2/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
YOUTH	BUILDERS, LLC		RNINGSIDE I TON, NC 27			
(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	-Any painting of wa kids were out of the before they arrive h -Agency was respo for the home -She confirmed the	Ils would be done while the home and paint would dry up ome. nsible for doing maintenance facility failed to ensure facility tained in a safe, clean,	V 736			

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STATE FORM

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