

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/02/2021
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NAME OF PROVIDER OR SUPPLIER YOUTH BUILDERS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2423 MORNINGSIDE DRIVE BURLINGTON, NC 27217
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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 completed on August 2, 2021. The complaint was unsubstantiated (intake #NC00179107). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:</p> <p>Review on 8/2/21 of the facility's fire drill log revealed:</p>	V 114	<p><i>Fire and disaster drills will be held at least quarterly and shall be repeated for each shift. Staff training will be conducted on the policy.</i></p>	

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

John Hargrove, Owner

8/9/21

TITLE

(X6) DATE

Division of Health Service Regulation

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V 114	Continued From page 1 -8/15/20- 3rd shift. -9/15/20- 3rd shift. -10/17/20- 2nd shift. -11/14/20- 1st shift. -12/7/20- 2nd shift. -2/17/21- 2nd shift. -3/22/21- 1st shift. -4/17/21- 2nd shift. -4/19/21- 2nd shift. -6/10/21- 3rd shift. -There were no fire drills performed on third shift for the fourth quarter of 2020. -There were no fire drills performed on third shift for the first quarter of 2021. -There were no fire drills performed on first shift for the second quarter of 2021. Review on 8/2/21 of the facility's disaster drill log revealed: -8/10/20- 1st shift. -9/15/20- 1st shift. -10/17/20- 2nd shift. -11/14/20- 1st shift. -12/7/20- 1st shift. -2/17/21- 1st shift. -3/22/21- 1st shift. -4/19/21- 1st shift. -5/17/21- 1st shift. -6/11/21- 1st shift. -7/1/21- 1st shift. -There were no disaster drills performed on third shift for the third quarter of 2020. -There were no disaster drills performed on second and third shift for the first quarter of 2021. -There were no disaster drills performed on second and third shift for the second quarter of 2021. Interview on 8/2/21 with the Administrator revealed:	V 114	<i>Program management will conduct quarterly reviews.</i>	<i>9/1/21</i>

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V 114	Continued From page 2 -Home operated under three shifts. -First shift was from 8:00 AM to 4:00 PM. -Second shift was from 4:00 PM to 12:00 AM. -Third shift was from 12:00 AM to 8:00 PM. -Facility staff were confused about how many drills had to be done and for which shifts and quarters. -She reported hearing two different things from two different state surveyors in the past. -She confirmed the facility failed to conduct disaster drills under conditions that simulate emergencies quarterly and for each shift This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 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 as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 8/2/21 at 12:00 PM of the kitchen area revealed: -Half of the cabinets had been removed. -Flooring had been removed and showing original	V 736	<i>The facility will ensure facility grounds are maintained in a clean, safe and attractive manner. Youth Builders, LLC will remedy cited deficiencies. The facility will conduct quarterly site reviews of the facility grounds and facilities. Program management will conduct the reviews.</i>	<i>10/1/21</i>

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V 736	<p>Continued From page 3</p> <p>linoleum floorings. -Kitchen range had been removed. -Refrigerator had been moved out</p> <p>Observation on 8/2/21 at 12:03 PM of the dining area revealed: -Refrigerator was located in the dining area. -Freezer section of the refrigerator was dirty and stained with spilled and frozen liquids. -Chairs used for the dining table were office roll chairs and the cloth on the back rest were torn and coming apart.</p> <p>Observation on 8/2/21 at 12:04 PM of the living area revealed: -Four very large holes on the right side wall. -Closet in living room was missing it's door and hanging bracket was sitting on the floor inside it. -There was a fist size hole on the wall next to the entrance from the living area into the dining area.</p> <p>Observation on 8/2/21 at 12:07 PM of the first room and the right of the hallway revealed: -Door was broken in different places and had holes in it as well. -Unfinished repairs were observed on the walls. -Inside of closet had four large holes and living room could be seen through it. See living room findings.</p> <p>Observation on 8/2/21 at 12:10 PM of the hall bathroom revealed: -Previous renovation in bathroom was unfinished. -Where mirror once stood, there was a piece of unpainted plywood and a frame in front of it. -Air conditioning vent by the toilet was rusted. -Medicine cabinet was missing it's front door. -Inside of tub was dirty.</p> <p>Observation on 8/2/21 at 12:13 PM of room at</p>	V 736		

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V 736	<p>Continued From page 4</p> <p>end of hall and straight revealed: -Closet door was not attached and leaning against a wall. -There was unfinished patched-up work on the walls. -Walls had holes punched in. -Walls were dirty/stained. -The inside of the bedroom door was broken on the bottom.</p> <p>Observation on 8/2/21 at 12:15 PM of room at end of hall and to the right revealed: -Walls were dirty/stained. -There were numerous holes on the walls. -Ceiling had water stains. -There was a hole on the closet door where it's handle once used to be.</p> <p>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 continued.</p>	V 736		

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V 736	Continued From page 5 -Any painting of walls would be done while the kids were out of the home and paint would dry up before they arrive home. -Agency was responsible for doing maintenance for the home -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736		

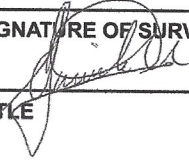
STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL001-150	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/2/2021
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NAME OF FACILITY YOUTH BUILDERS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2423 MORNINGSIDE DRIVE BURLINGTON, NC 27217
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0108	Correction	ID Prefix V0112	Correction	ID Prefix V0296	Correction
Reg. # 27G .0202 (F-I)	Completed	Reg. # 27G .0205 (C-D)	Completed	Reg. # 27G .1704	Completed
LSC	08/02/2021	LSC	08/02/2021	LSC	08/02/2021
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 8/2/21
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/13/2019	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Youth Builders, LLC
PO Box 247
Hillsborough, NC 27278

August 9, 2021

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Mr. Edgar Garrido

Attached you will see corrective actions on the Statement of Deficiencies. The original copy will be provided via mail. If you need additional information, please feel free to contact us at youthbuilders1@yahoo.com or 252-767-8907.

Sincerely,

John Hargrove, Owner