Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	MHL051-170		B. WING			R <b>08/17/2021</b>		
NAME OF F	PROVIDER OR SUPPLIER	WITE 031-170	STREET ADI		STATE, ZIP CODE	1 08/	1772021	
CHILDREN UNDER CONSTR TREATMENT CEN  42 JEWEL LANE  TOUR OWNER OF THE PROPERTY								
FOUR OAKS, NC 27524								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs		V 000				
	An annual and follo on 8-17-21. Deficie	w up survey was com ncies were cited.	pleted					
		sed for the following s C 27G.1300 Resident ren or Adolescents						
V 736	27G .0303(c) Facility and Grounds Maintenance			V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and e kept free from offen						
	failed to ensure the clean, safe, orderly findings are:  Observations betw 08/17/21 revealed: Front porch:  - A broken vacuum  - A storage bin with disregarded items  - 2 empty used tras porch floor.  - 2 half used bags o grill	and observation, the home was maintaine and attractive manne een 11:30am and 12:	d in a r. The 31pm on er the					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL051-170	В. \	WING		08/1	R 7/2021
NAME OF F	PROVIDER OR SUPPLIER		ET ADDRES	SS CITY S	TATE ZIP CODE	1 00/1	172021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  CHILDREN UNDER CONSTR TREATMENT CEN  42 JEWEL LANE							
CHILDIA		FOU	R OAKS,	NC 2752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	F	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	Continued From pa	ge 1	V	736			
	on, the knob in the off in the tub when so and right bracket at a Towel rack with the attached to the wall kitchen area -Laminate peeling a substrate from under Living room area	bs did not light when turned bathtub was broken and for surveyor turned on the war broken, missing left bracktached to the wall e right and left bracket libut the middle bar missing away from the particle boaterneath	ell ater sket g				
	-The couch had 2 out of the 3 sitting cushions sunken into the couch, other pillows were placed onto of the cushions						
	Hallway bathroom -3 out of 4 light bulb light sockets	os missing showing expos	ed				
	<ul> <li>Would move the d</li> <li>front porch</li> <li>Would put in light</li> <li>Would take the brownian</li> <li>Would get the knowns just told about</li> </ul>	21 the Licensee stated he disregarded items from the bulbs, where needed oken hardware off the walk but to fix the bathtub fauced the broken faucet st replaced, the "boys are	l				
	This deficiency cons and must be correct	stitutes a re-cited deficien sted within 30 days.	су				
V 774	27G .0304(d)(7) Min	nimum Furnishings	V	774			
	10A NCAC 27G .03 EQUIPMENT	04 FACILITY DESIGN AN	ID				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL051-170	B. WING			R 1 <b>7/2021</b>	
NAME OF PROVIDER OR SUPPLIER  CHILDREN UNDER CONSTR TREATMENT CEN  STREET ADDRESS, CITY, STATE, ZIP CODE  42 JEWEL LANE FOUR OAKS, NC 27524							
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 774	(d) Indoor space re prior to October 1, square footage req time. Unless otherw residential facilities 1988 shall meet the requirements:  (7) Minimum furnishinclude a separate	quirements: Facilities licens 1988 shall satisfy the minim uirements in effect at that vise provided in these Rules licensed after October 1, e following indoor space hings for client bedrooms sh bed, bedding, pillow, bedsid for personal belongings for	um , all				
	failed to ensure the minimum furnishing Observations betw 08/17/21 revealed: Client #1's bedroon	ion and interview, the facility facility bedrooms had gs. The findings are: reen 11:30am and 12:31pm					
	belongings of the c Client #2's bedroon -There was no beds belongings of the c Interview on 8/17/2 -Confirmed the faci	lient n: side table for personal	ole				
	This deficiency con and must be correct	stitutes a re-cited deficiency					

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