PRINTED: 08/25/2021 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL051-170 08/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **42 JEWEL LANE** CHILDREN UNDER CONSTR TREATMENT CEN FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 8-17-21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.1300 Residential Treatment for Children or Adolescents V 736 27G .0303(c) Facility and Grounds Maintenance V 736 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. DHSR - Mental Health SEP 08 2021 Lic. & Cert. Section This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure the home was maintained in a clean, safe, orderly and attractive manner. The findings are: James Barnes removed broken Observations between 11:30am and 12:31pm on vacuum, storage bin with fan, 2 Completed 08/17/21 revealed: empty trash bags, and the Front porch: August 30, - A broken vacuum cleaner potting soil. The grill cover 2021 - A storage bin with a broken fan and other was put on the grill. disregarded items - 2 empty used trash bags spread out on the porch floor. - 2 half used bags of potting soil laying under the - 1 grill cover stretched out on the right side of the porch floor.

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

6899 HET

Owner

9/1/2/

STATE FORM

HFD111

If continuation sheet 1 of 3

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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		B. WING	-		R 17/2021				
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 DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMATI	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE				
V 774	Client #3's and #4's - 3 out of 4 light bulk on, the knob in the k off in the tub when s - Toilet paper holder and right bracket att - Towel rack with the attached to the wall Kitchen area -Laminate peeling as substrate from unde Living room area -The couch had 2 ou sunken into the couc onto of the cushions Hallway bathroom -3 out of 4 light bulbs light sockets Interview on 08/17/2 - Would move the dis front porch - Would put in light b - Would get the knob was just told about th - The couch was just rough on furniture"	Bathroom os did not light when to cathtub was broken are curveyor turned on the cached to the wall cright and left bracket but the middle bar mis curve from the particle left cached to the particle left cached to the wall cright and left bracket but the middle bar mis curve from the particle left cached to the 3 sitting cushic ch, other pillows were 1 the Licensee stated cached items from culbs, where needed ken hardware off the cached to to fix the bathtub fau cached the "boys actitutes a re-cited deficited titutes a re-cited deficited titutes a re-cited deficited the within 30 days.	nd fell e water bracket t ssing board ions placed he: the wall acet, are	V 774	James Barnes will replace light bulb knob in the bathtub, toilet paper hole and towel rack. Assistant Manager will do random checks of bathrooms to ensure compliance. James Barnes will replace the laminat kitchen James Barnes will buy a couch. James Barnes will buy a couch. Assistant Manager will do checks and inform James Barnes when bulbs need purchased.	e in the	This will be completed by 9/15/2021 Completed by 9/5/2021 Completed by 9/15/2021 Completed by 9/15/2021				
	10A NCAC 27G .030 EQUIPMENT	4 FACILITY DESIGN	AND								

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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 08/17/2021			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 42 JEWEL LANE FOUR OAKS, NC 27524									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE	(X5) COMPLETE DATE			
V 774	(d) Indoor space required for the October 1, 2 square footage required for time. Unless otherwork residential facilities 1988 shall meet the requirements: (7) Minimum furnishinclude a separate beginning for the prior of the october 1, 2 for the prior of the october 1, 2 for the october 2, 3 for the october 2, 3 for the october 3, 3 for the oc	ge 2 quirements: Facilities licensed 1988 shall satisfy the minimum uirements in effect at that vise provided in these Rules, licensed after October 1, of following indoor space uings for client bedrooms shall bed, bedding, pillow, bedside or personal belongings for	V 774						
	failed to ensure the minimum furnishing. Observations betwee 08/17/21 revealed: Client #1's bedroom -There was no bedsi belongings of the client #2's bedroom: There was no bedsi belongings of the client belongings of the client belongings of the client belongings of the client part of the facility. The clients in the part of the part of the clients in the part of the	on and interview, the facility facility bedrooms had so. The findings are: een 11:30am and 12:31pm on it ide table for personal ent it the Licensee stated: by there was no bedside table ast had destroyed property titutes a re-cited deficiency		James Barnes will purchase bedside in rooms 1 and 2. James Barnes will sure another bedside table is purchas replace damaged or destroyed tables	make sed to	Completed by 9/15/2021			

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