

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/02/2021
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NAME OF PROVIDER OR SUPPLIER THE NORLAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1019 NORLAND ROAD CHARLOTTE, NC 28212
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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 and follow up survey was attempted on November 2, 2021. According to the Quality Assurance Director there were no clients being served at the facility. The last time clients were served at the facility was January 28, 2021.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>Observation on November 2, 2021 at approximately 7:50am revealed: -No response to a knock on the door; -The facility was dark and the dining room chairs were on top of the dining room table as observed looking through the front center window; -A van covered in dust and dirt was located on the far end of the driveway. It appeared the van had not been used in some time.</p> <p>Interview on November 2, 2021 with the Administrator revealed: -The facility was not currently serving clients. The last client was discharged on 1/28/21 and moved to a sister facility. The facility was closed due to lack of available staffing. Clients may be admitted to the facility in the future after renovations could be made to the facility bathroom.</p> <p>Review on November 2, 2021 of Former Client #1's record revealed: -Admitted 6/25/20; -Discharged to a sister facility on 1/28/21; -14 years old at time of discharge; -Diagnosed with Oppositional Defiant Disorder, Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder, and Post-Traumatic</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 000	Continued From page 1 Stress Disorder.	V 000		