

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601337 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 11/02/2021 |
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| NAME OF PROVIDER OR SUPPLIER BONNIE'S HOME FOR YOUTH | STREET ADDRESS, CITY, STATE, ZIP CODE 8616 NATIONS FORD ROAD CHARLOTTE, NC 28217 |
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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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was attempted on November 2, 2021. According to the House Manager, there were no clients being served at the facility. The last time clients were served at the facility was July 13, 2020.</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 11/2/21 at approximately 9:15am/Interview with House Manager revealed: -Rang doorbell at the side door overlooking driveway. There was no answer at the facility; -The House Manager was working at the sister facility located next door and revealed there were no clients being served at the facility. The last time there was a client served at the facility was 7/13/20. The Licensee was considering admitting clients again. There was no timeframe for admission.</p> | V 000 | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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