VAME OF PRO BELMONT H (X4) ID PREFIX TAG V 000 II A C C	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS An annual and follow on 2-4-22. Deficienci This facility is license category: 10A NCAC	927 FLO GASTOI ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) up survey was completed es were cited.	A. BUILDING: B. WING ADDRESS, CITY, STATE DYD LANE NIA, NC 28052 ID PREFIX TAG	, ZIP CODE PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	RECTION SHOULD BE	R /04/2022 COMPLETE DATE
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X4) ID PREFIX TAG V 0000 II C	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS An annual and follow on 2-4-22. Deficienci This facility is license category: 10A NCAC	927 FLO GASTOI ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) up survey was completed es were cited.	DYD LANE NIA, NC 28052	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
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V 000 II	(EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS An annual and follow on 2-4-22. Deficienci This facility is license category: 10A NCAC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) up survey was completed es were cited.	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLET
A c T	An annual and follow on 2-4-22. Deficienci This facility is license category: 10A NCAC	up survey was completed es were cited.	V 000			
c T c	on 2-4-22. Deficienci This facility is license category: 10A NCAC	es were cited.				
c	category: 10A NCAC	d for the following service				
A	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.					
c		onsisted of audits of 3 her clients, and 0 deceased				
V 736 2	27G .0303(c) Facility	and Grounds Maintenance	V 736			
E (n r		EMENTS				
E V		ns and interviews, the facility n a safe, clean, attractive,				
- - ti -	of Bathroom #2 revea -a blackened wood th the floor at the entran -dark black spots and	reshold strip of molding on				
F	Pictures taken on 2-3	-22 of the shower threshold				

PRINTED: 02/06/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL036-268	B. WING			
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	HOUSE					
a			NA, NC 28052	PROVIDER'S PLAN O		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page 1		V 736			
	dark black spots cover molding along the bar the outside wall of the Interview on 2-4-22 w Manager revealed: -he had tried to clean the floor strip in the p -"didn't realize it was -called and reported it Administrator yester -will see if it can be re can be pulled up and -would get all the cran shower covered so the Interview on 2-4-22 w Administrator reveale -had tried to clean the -"construction survey when they came out; -is going to call the la	with black discoloration and ered the entire strip of se of the shower and against e shower. with the Group Home it with bleach and painted past; that black;" it to the Executive day; epaired or if the whole floor replaced; cks around the base of the nat it does not reoccur. with the Executive ed: e shower strip in the past; did not cite it or question it				

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