

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-753	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOCKWOOD PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4004 CORNERROCK DR GREENSBORO, NC 27406
---	---

(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 was attempted on 3/11/22. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 8/8/21.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>Interview on 3/11/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> - The group home was currently not serving clients due to lack of staffing. - He would need to look at the last client's discharge plan to know when the last clients was discharged. He would send the discharge plan. <p>Review on 3/11/22 of former client (FC) #1's discharge summary revealed:</p> <ul style="list-style-type: none"> - Date of admission: 8/27/18 - Date of discharge: 8/8/21 - Final Diagnoses: Not provided. - Progress and findings: "Client made some positive strides in treatment, yet due to aggressive / mental breakdown client was discharged. Client had to be evaluated by hospital ER (emergency room), and due to age (19) client was a danger to other clients." <p>Observations on 3/11/22 of Lochwood Place revealed:</p> <ul style="list-style-type: none"> - From approximately 12:05 pm-12:15 pm observed the 3 bedrooms to have no clothes/personal items in the closets, dressers and bedside tables. - From 12:15 pm- 12:20 pm observed only emergency can foods in the kitchen cabinets and no food in the refrigerator. 	V 000		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____