## PRINTED: 03/30/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL011-369         NAME OF PROVIDER OR SUPPLIER       STREET A			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 03/11/2022		
		MHL011-369					
		DDRESS, CITY, STATE					
YNTHIA'	S PLACE		VIEW ROAD				
		CANDLE	ER, NC 28715				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	BE COMPLE	
∨ 000	INITIAL COMMENTS		V 000				
	An Annual and Follow up survey was completed on March 11, 2022. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.						
		d for 4 and currently serving irvey sample consisted of ents.					
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.						
	interviews, the facility	as evidenced by: ews, observations, and was not maintained in a , and orderly manner. The					
	of the home revealed -The door to bedroom outside hallway side -The two holes were inches in diameter.	n #1 had two holes in the of the door. each approximately 6-8 n #2 had a crack/break in the					

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         MHL011-369			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		B. WING		03	3/11/2022	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
YNTHIA'	S PLACE		VIEW ROAD ER, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE AC CROSS-REFERENCED TO	S PLAN OF CORRECTION (X5) CTIVE ACTION SHOULD BE COMPLET NCED TO THE APPROPRIATE DATE DEFICIENCY)	
V 736	Continued From pag	e 1	V 736			
	revealed: -Two interior doors w on 3-11-22. Interview on 3-10-22 Manager/Associate F -Was not exactly sur- the two bedroom doo -Two doors had been damaged doors, but there was a 6-8 weel -Back in December a there was no follow u being ordered. -Two doors were pur	n ordered to replace the they were on backorder and				

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