Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
	mhl043-039		B. WING		02/1	02/18/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
SIERRA'S RESIDENTIAL SERVICES GROUP HI 21 LANEXA LANE SPRING LAKE, NC 28390												
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE						
V 000	00 INITIAL COMMENTS			V 000								
	A Complaint and Follow Up Survey was completed 02/18/22. The Complaint was substantiated (Intake #NC000183826). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.											
	The survey sample current clients.	consisted of audits	of 3									
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.											
	failed to ensure the	et as evidenced by: on and interview, the home was maintain active manner. The	ed in a									
	PM revealed: -Kitchen: One light bulb r -Client #2's bedroor Wood plank flo											

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
mhl043-039			B. WING		02/	02/18/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
SIERRA'S RESIDENTIAL SERVICES GROUP HI SPRING LAKE, NC 28390												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE							
V 736	Air vent in ceilir -Client #1's bedroor Hole in wall Closet door cra Wood plank po separation noted in Air vent in floor -Bedroom with dou Separated woo Door knob size door where the kno wall of hallway bath -Game Room area: Space heater  Interview on 2/16/2: (QP) reported: -Division of Hea Health Licensure te November 2021 an citedDue to the incr pandemic, the facilir repairs identified du survey.	ng rusted m:  ack pped up near doorway and other areas in the bedroom rusted ble beds occupied by client #3: d plank flooring hole behind the bathroom b was making contact in the aroom.  2 the Qualified Professional ealth Service Regulation Mental earn conducted a survey in d the living environment was rease in the Coronavirus ty was not able to complete all uring the November 2021  stitutes a re-cited deficiency	V 736									

6899

Division of Health Service Regulation STATE FORM

OJNQ11 If continuation sheet 2 of 2