Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL063-100	B. WING		07/1	07/18/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
JACKSON SPRINGS TREATMENT CENTER  778 HOFFMAN ROAD WEST END, NC 27376								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
V 000	INITIAL COMMENTS		V 000					
	A follow-up survey v 2022. Deficiencies v	was completed on July 18. were cited.						
	category: 10A NCA	sed for the following service C 27G .1900 PRTF- ent Facility for Children and						
		sed for 12 and currently has a survey sample consisted of clients.						
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736					
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive						
	failed to ensure faci	et as evidenced by: on and interviews, the facility ility grounds were maintained ractive, orderly manner. The						
	of the facility reveal -Only suites 1 and 3 continued to be in p -Suite 1: -BathroomWalls w peeling off and ther	8/22 at approximately 1:50 pm ed: 3 were being used. Suite 2 process or renovation. were dirty/stained. Paint was e was writings on them. Sink proken off. There was writing						

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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) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	G			
MHL063-100		B. WING		07/18/2022			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
JACKSON SPRINGS TREATMENT CENTER  778 HOFFMAN ROAD WEST END, NC 27376							
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 736	and paint peeling of mold/mildew inside on the grout on the -Reflection RoomLights did not work plywoodRoom #1There was unfinished rep needing to be reparage section of parage section was writing on the plywood. Air condit the ceiling. No entrance doorRoom #4Air condit the ceiling. The Mica from window entrance doorSuite 3: -Entrance door to so one side and unparage side a	off from the door. There was the shower on the ceiling and floor. Door had paint peeling off. Window was covered by  was writing on the walls. There aired patch on the wall inted. No entrance door. Window was peeling off. Wint peeled off on corner of was writing on the walls. No eeded to be painted. There walls. Window covered by ioning vent was missing from ance door ditioning vents were missing where was writing on the walls. Hedge was peeled off. No suite 3 was stained and dirty on inted on the other. Paint was peeling on the door.	V 736				

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MUU 002 400		B. WING		07/40/0000			
MITE 000 100				DRESS, CITY, STATE, ZIP CODE 07/18/2022			
JACKSON SPRINGS TREATMENT CENTER  778 HOFFMAN ROAD WEST END, NC 27376							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 736	Continued From page 2 -Room #4Air conditioning vents on the ceiling were missing.  Interview on 7/18/22 with the Director of Operations revealed: -He was aware of the majority of the maintenance issues with the facilityThe majority of the property damage had been caused by the clientsSuite 2 was not being utilized at the present time. It was being remodeled. Clients had not resided on Suite 2 in over a year. Plan was to finish renovations on Suite 2 and move clients from suite 1 thereHe had been having problems getting things done at the facility as it was hard to find people to do the job. Sometimes, he just took it upon himself to get the things doneHe confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.		V 736				

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