Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
,	o. oo.u.20o		A. BUILDING:					
		MHL001-150	B. WING		08/0	8/2022		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
YOUTH BUILDERS, LLC 2423 MORNINGSIDE DRIVE BURLINGTON, NC 27217								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENT	ΓS	V 000					
	on August 8, 2022. This facility is licens category: 10A NCA Treatment Staff Ser Adolescents. This facility is licens	ed for 4 and currently has a urvey sample consisted of						
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each seed on the conditions the	ncy Plans and Supplies 207 EMERGENCY PLANS on for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be conducted at simulate fire emergencies. all have basic first aid supplies	V 114					
	facility failed to con- under conditions the	et as evidenced by: views and interviews, the duct fire and disaster drills at simulate emergencies at repeated for each shift. The						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R	
		MHL001-150	B. WING		08/	08/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
VOLITILI		2423 MO	RNINGSIDE I	DRIVE			
YOUTHI	BUILDERS, LLC	BURLING	STON, NC 27	217			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	IE APPROPRIATE	COMPLETE DATE	
V 114	Continued From pa	ge 1	V 114				
	log for the last 12 m -8/1/22- 7:00 pm-2 -6/13/22- 6:00 pm-5/12/22- 8:00 pm-5/7/22- 1:00 pm-1 -5/1/22- 6:10 am-3 -4/26/22- 11:00 am-4/21/22- 6:40 am-3/5/22- 6:30 pm-1/20/22- 11:00 pm-1/20/22- 11:00 pm-1/20/22- 11:00 pm-1/9/18/21- 6:00 am-9/18/21- 6:00 am-9/18/21- 6:00 am-8/17/21- 6:30 am-8/12/21- 6:00 pm-There were no fire 2nd shift for the fou	nd shift. 2nd shift. 2nd shift. 2nd shift. st shift. rd shift 1st shift. 3rd shift. 2nd shift. 2nd shift 2nd shift. 3rd shift 1st shift. 3rd shift 1st shift. 2nd shift 1st shift. drills conducted on 1st and rth quarter of 2021. drills conducted on 1st shift					
		8/8/22 of the facility's disaster 12 months revealed: 1st shift.					
	-5/9/22- 8:00 pm- 2 -5/8/22- 12 noon- 1						
	-5/7/22- 6:00 am- 3	rd shift.					
	-4/17/22- 6:30 am-						
	-3/3/22- 10:00 pm-						
	-2/6/22- 11:00 am- -10/2/21- 6:30 am-						
	-9/27/21- 5:00 pm-						
	-9/18/21- 6:30 am-						
	-8/17/21- 6:00 am-						
	-8/12/21- 4:45 pm-						
	-8/5/21- 9:10 am- 1						
		aster drills conducted on 1st					

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		MHL001-150	B. WING		I	R 08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	·	
YOUTH	BUILDERS, LLC		RNINGSIDE D			
(VA) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES	STON, NC 27	PROVIDER'S PLAN OF CORRECT	TION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	and 2nd shift for the	e fourth quarter of 2021.				
	revealed: -Facility operated ure -First shift was from shift was from 4:00 was from 12:00 amediane -Staff acknowledge -Staff would conduct all drill would have result of the staff was she acknowledges were not covered for quartersShe confirmed the and disaster drill understanding staff was from the staff was from	8:00 am to 4:00 pm. Second pm to 12:00 am. Third shift				
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				
		on and interviews, the facility in a safe, clean, orderly and				
	Hall Bathroom reve	/22 at about 2:35 pm of the aled: It was hard to open and close				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL001-150	B. WING			R 08/2022
	PROVIDER OR SUPPLIER	2423 MOR	DRESS, CITY, S RNINGSIDE I TON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 736	the doorWhere mirror once unpainted plywood it. Observation on 8/8/Client's #3 and #4 bear the client's #3 and #4 bear the client's #3 and #4 bear the client's #3 and #4 bear the clients be	e stood, there was a piece of and a framed mirror in front of //22 at about 2:38 pm of pedroom revealed: Irops/stains on the wooden with the House Manager had recently damaged the lamming into it. the paint drops on the floor in She would try to have	V 736			
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water shall be main degrees Fahrenheit This Rule is not me Based on observati governing body failed		V 752			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				F		
MHL00	1-150	B. WING		08/0	8/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
YOUTH BUILDERS, LLC		RNINGSIDE I STON, NC 27				
(X4) ID SUMMARY STATEMENT OF DEF PREFIX (EACH DEFICIENCY MUST BE PREC TAG REGULATORY OR LSC IDENTIFYING	FICIENCIES CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 752 Continued From page 4 Fahrenheit in areas accessible the findings are: Observation 8/8/22 between 2:3 of the facility revealed: -The water temperature in the king 128 degrees FahrenheitThe water temperature in the hing was 126 degrees Fahrenheit. Interview on 8/8/22 with the Hourevealed: -Facility had recently had the way was not aware that the State may temperature to be under 116 degrees—She would have person that commaintenance come to adjust the All clients at the house were about their own waterShe confirmed the facility failed facility water temperature between degrees Fahrenheit.	0 pm to 2:40 pm itchen sink was allway bathroom ase Manager atter checked and andated grees. Inducted a temperature. Ite to regulate to maintain the	V 752				

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