PRINTED: 11/09/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
					F	₹				
		MHL092-868	B. WING		11/0	8/2022				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
CHERRYWOOD COURT 5321 LOGOS COURT RALEIGH, NC 27610										
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE					
V 000	INITIAL COMMENTS		V 000							
	An annual and follow up survey was completed on 11/8/22. 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									
		sed for four clients and had a nt. The survey sample current clients.								
V 736	27G .0303(c) Facili	ity 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.									
	Based on observat failed to ensure the safe and attractive Observation on 11/ -Kitchen cabinet dr -Back door screen -A portable trailer p -Baseboards in clien -A soft spot in clien	et as evidenced by: ion and interview the facility home was maintained in a manner. The findings are: 3/22 at 3:00 PM revealed: awers were missing. out. arked in the back yard. ent bathroom was falling apart. t bedroom in carpeted area. 2 the Qualified Professional								

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED						
					R						
MHL092-868		B. WING		11/0	11/08/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
CHERRYWOOD COURT 5321 LOGOS COURT RALEIGH, NC 27610											
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE						
completedIt seems they are kids break. [This deficiency ha	age 1 we repairs that needed to be always repairing things the as been cited 3 times since the 9/18 and must be corrected	V 736									

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