

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-170</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHILDREN UNDER CONSTR TREATMENT CEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>42 JEWEL LANE</b> <b>FOUR OAKS, NC 27524</b>
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A follow up survey was completed on 11/30/22. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain its grounds in a safe, attractive and orderly manner. The findings are:</p> <p>Observation on 11/22/22 at 1:20pm revealed the following:</p> <ul style="list-style-type: none"> <li>- a missing glass pane from a window that obtained 6 glass panes in the dining room</li> <li>- the missing glass pane was covered with cardboard &amp; boarded with yellow tape</li> </ul> <p>Interview on 11/22/22 the House Manager reported:</p> <ul style="list-style-type: none"> <li>- The window in the dining room was on back</li> </ul>	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <p>order.</p> <p>Review on 11/30/22 of an estimate from a local store for the dining room window replacement revealed:</p> <ul style="list-style-type: none"> <li>- A date of 11/25/22</li> </ul> <p>During interview on 11/30/22 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- He had been trying to get the window fixed although the estimate was dated 11/25/22</li> <li>- He would keep a paper trail from here on out while trying to get the window replaced</li> <li>- He was going to try another window store but needed to send them a picture of the window before they could tell him how long it would take to replace/fix</li> <li>- He would have the window fixed soon</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		