STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl092-576	A. BUILDING: _____ B. WING _____	R 01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT WILLOW SPRIN	9609 KENNEBEC ROAD WILLOW SPRINGS, NC 27592

(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	INITIAL COMMENTS An annual and follow-up survey was completed on 1/26/23. 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 facility is licensed for four clients and currently has a census of four. The survey sample consisted of audits of three current clients.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the home was maintained in a safe and attractive manner. The findings are: Observation on 1/26/23 at 1:30 PM revealed: -Hallway laundry closet had missing doors. -Towel rack in the bathroom was removed exposing sharp edges and screws in the wall. -Client #1 bedroom mattress was sunken in the middle. Interview on 1/26/23 the Licensee stated:	V 736		

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V 736	Continued From page 1 -He would make sure all items were repaired. -Would get client #1 a new mattress, was not aware it was damaged. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 736		