

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH BUILDERS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2423 MORNINGSIDE DRIVE</b> <b>BURLINGTON, NC 27217</b>
--	---

(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>An annual, complaint and follow-up survey was completed on August 9, 2023. The complaint was unsubstantiated (intake #NC00205226). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure 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 3 current clients and 1 former client.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid</p>	V 108		

Division of Health Service Regulation  
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:  <b>MHL001-150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH BUILDERS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2423 MORNINGSIDE DRIVE</b> <b>BURLINGTON, NC 27217</b>
--	---

(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 108	<p>Continued From page 1</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of three audited staff (#4). The findings are:</p> <p>Review on 8/9/23 of Staff #7's personnel file revealed: -Hire date of 7/21/14. -He was hired as a Residential Counselor. -Documentation of training in Cardiopulmonary Resuscitation and First Aid was expired.</p> <p>Interview on 8/9/23 with the House Manager revealed: -She was unaware that Staff #7's training on Cardiopulmonary Resuscitation and First Aid had expired. -She remembered that Staff #7 did not attend agency's most recent training on Cardiopulmonary Resuscitation and First Aid -She confirmed Staff #4 did not have an updated training in Cardiopulmonary Resuscitation and First Aid.</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH BUILDERS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2423 MORNINGSIDE DRIVE</b> <b>BURLINGTON, NC 27217</b>
--	---

(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 736 V 736	Continued From page 2 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 was not maintained in a safe, clean, orderly and attractive manner. The findings are:  Observation on 8/9/23 at about 12:30 pm of the Kitchen revealed: -Sink was clogged and water would back-up.  Observation on 8/9/23 at about 12:35 pm of the Hall Bathroom revealed: -Door was off its hinges and on the side. Clients had to lift door and move it to block the entrance.  Observation on 8/9/23 at about 12:38 pm of Client #4's bedroom revealed: -Door was off its hinges. -Several patches of paint peeled off from the wall. -Dent/crack on wall by light switch about the size of a baseball.  Observation on 8/9/23 at about 12:40 pm of Clients #1 and #2's bedroom revealed: -Unfinished patch-up work on wall next to Client #1's bed. -Softball size hole on wall next to Client #2's bed.  Observation on 8/9/23 at about 12:45 pm of Outside the facility revealed: -Down pour was detached from gutter on the front right side of the house.	V 736 V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH BUILDERS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2423 MORNINGSIDE DRIVE</b> <b>BURLINGTON, NC 27217</b>
--	---

(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 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-Down pour was detached from gutter on the front left side of the house.</li> <li>-Door for crawl in space was opened.</li> <li>-Several vents to the crawl in space had holes in them.</li> <li>-Some trash on the back right side of the home.</li> </ul> <p>Interview on 8/9/23 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Clients punched the walls which created dents or holes. .</li> <li>-She was unaware the water pours were detached from the gutters.</li> <li>-She had a staff going out to see the plumbing issue today.</li> <li>-Situation with bathroom door just occurred this week. Facility was to repair it.</li> <li>-She acknowledged that the facility was not maintained in a safe, clean, orderly and attractive manner.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by:</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/09/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>YOUTH BUILDERS, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2423 MORNINGSIDE DRIVE</b> <b>BURLINGTON, NC 27217</b>
--	---

(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 752	<p>Continued From page 4</p> <p>Based on observation and interview, the governing body failed to assure hot water measured between 100 and 116 degrees Fahrenheit in areas accessible to clients. The findings are:</p> <p>Observation 8/9/23 between 12:30 pm to 12:45 pm of the facility revealed: -The water temperature in the kitchen sink was 128 degrees Fahrenheit. -The water temperature in the hallway bathroom was 126 degrees Fahrenheit.</p> <p>Interview on 8/9/23 with the House Manager revealed: -She was not aware that the water temperature was too hot again. -She would have person that conducted maintenance come to adjust the temperature. -All clients at the house were able to regulate their own water. -She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		