FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL001-150 08/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2423 MORNINGSIDE DRIVE YOUTH BUILDERS, LLC **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 RECEIVED An annual, complaint and follow-up survey was By Laura Bryant at 10:04 am, Aug 21, 2023 completed on August 9, 2023. The complaint was unsubstantiated (intake #NC00205226). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. 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. V 108 27G .0202 (F-I) Personnel Requirements V 108 10A NCAC 27G .0202 PERSONNEL Staff members will be trained in basic REQUIREMENTS 9/8/23 first aid and including seizure (f) Continuing education shall be documented. management, to provide (g) Employee training programs shall be cardiopulmonary resuscitation and provided and, at a minimum, shall consist of the trained in the Heimlich maneuver or following: other first aid techniques such as (1) general organizational orientation; those provided by Red Cross, the (2) training on client rights and confidentiality as American Heart Association or their delineated in 10A NCAC 27C, 27D, 27E, 27F and equivalence for relieving airway 10A NCAC 26B: obstruction. AP, QP or will monitor (3) training to meet the mh/dd/sa needs of the personnel charts quarterly to ensure client as specified in the treatment/habilitation trainings are current. plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G Group home will implement policies 9/8/23 .5602(b) of this Subchapter, at least one staff and procedures for identifying. reporting, investigating and controlling member shall be available in the facility at all infectious and communicable diseases times when a client is present. That staff member shall be trained in basic first aid of personnel and clients including seizure management, currently trained

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

to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid

(X6) DATE

STATE FORM

Dwner 3/21/2

PRINTED: 08/11/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL001-150 08/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2423 MORNINGSIDE DRIVE** YOUTH BUILDERS, LLC **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 108 Continued From page 1 V 108 techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (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. 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: 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. Interview on 8/9/23 with the House Manager revealed: -She was unaware that Staff #7's training on

First Aid.

expired.

Cardiopulmonary Resuscitation and First Aid had

-She remembered that Staff #7 did not attend

Cardiopulmonary Resuscitation and First Aid -She confirmed Staff #4 did not have an updated training in Cardiopulmonary Resuscitation and

agency's most recent training on

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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	
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		MHL001-150	B. WING			9/2023
NAME OF	PROVIDER OR SUPPLIER			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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	SHOULD BE COMPLETE	
V 736	Continued From page 2		V 736			
V 736	27G .0303(c) Facility 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.			Owner will conduct monthly review of the home to ensure the facility and its grounds are maintained in safe, clean, attractive and orderly manner. The indicated deficiencies will be remedied.		9/8/23
		on and interview, the facility in a safe, clean, orderly and			e	
	Kitchen revealed:	23 at about 12:30 pm of the and water would back-up.				
	Hall Bathroom revea -Door was off its hin	23 at about 12:35 pm of the aled: ges and on the side. Clients nove it to block the entrance.				
	Client #4's bedroom -Door was off its hin -Several patches of					
	Clients #1 and #2's I -Unfinished patch-up #1's bedSoftball size hole or	23 at about 12:40 pm of bedroom revealed: bedroom wall next to Client wall next to Client #2's bed.	,			
	Outside the facility re	evealed: ached from gutter on the				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	BER: A. BUILDING:		COMPLETED		
			7 St. 10 10 St. 20 10 St. 20 10 St. 20 20 St. 2000 Control (10 St. 20 St		R		
		MHL001-150	B. WING		08/09/2023		
				DRESS, CITY, STATE, ZIP CODE			
VOLITH	BUILDERS, LLC	2423 MOF	RNINGSIDE	DRIVE			
100111	BUILDERS, LLC	BURLING	TON, NC 27	7217			
(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	Continued From pa	ge 3	V 736				
	-Down pour was de front left side of the -Door for crawl in sp -Several vents to th them. -Some trash on the	tached from gutter on the house. Dace was opened. The crawl in space had holes in back right side of the home.	V 700				
V 752	revealed: -Clients punched the holesShe was unaware to detached from the graph of the second of	ng out to see the pluming room door just occurred this o repair it. that the facility was not o, clean, orderly and attractive	V 752				
	EQUIPMENT (b) Safety: Each factors and equensures the physical visitors. (4) In areas of exposed to hot water	cility shall be designed, uipped in a manner that Il safety of clients, staff and If the facility where clients are er, the temperature of the lained between 100-116		AP or Staff will check water were ensure water temperature is mater between 100-116 degrees Fahre	intained	9/8/23	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	<u></u>	COMPLETED	
MHL001-150		B. WING		R 08/09/2023		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
YOUTH	BUILDERS, LLC		RNINGSIDE			
			TON, NC 2	7217		
(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 CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE COMPLETE	
V 752	Continued From page 4		V 752			
	governing body faile measured between	on and interview, the ed to assure hot water 100 and 116 degrees accessible to clients. The		-		
	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 FahrenheitThe water temperature in the hallway bathroom was 126 degrees Fahrenheit.					
	revealed: -She was not aware was too hot againShe would have pe maintenance come -All clients at the hot their own waterShe confirmed the facility water temper degrees Fahrenheit.	to adjust the temperature. use were able to regulate facility failed to maintain the rature between 100-116				