

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/02/2023
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NAME OF PROVIDER OR SUPPLIER JUST IN TIME YOUTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 432 WEST 5TH STREET BURLINGTON, NC 27215
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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>INITIAL COMMENTS</p> <p>A follow up survey was completed on October 2, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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 interviews, the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are:</p> <p>Observation on 9/29/23 of the facility at approximately 10:25 am revealed:</p> <ul style="list-style-type: none"> -Den area-There was a musty smell. One of the set of blinds had 1 missing slat. -The door to staff's office had a pane of glass missing and there was gray tape covering it. -The carpet in the hallway had a tear approximately 15 inches long. -Bathroom #1-The border near floor of shower was cracked. The tile on wall of shower had peeling paint. -Common area-Two of the blind slats were missing in one of the set of blinds. The second 	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>set of blinds had eight slats broken on the edges. -Dining room area-One set of blinds had a missing slat. The second set of blinds had four slats cracked. There was peeling paint on wall underneath the window.</p> <p>Interview on 9/29/23 with the Program Director revealed: -They were still doing some painting and working on some of the other maintenance issues with the facility. -They were also trying to get the carpet replaced throughout the facility. -He confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p> <p>Interview on 10/2/23 with the Chief Executive Officer/Qualified Professional revealed: -She was aware there were some maintenance issues with the facility. -They did address some of the maintenance issues with the facility after the July 2023 survey. -The landlord had to take care of some of the other maintenance issues with the facility. -She confirmed the facility was not maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p>	V 736		