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: mhl060-852 B. WING 01/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5004 GLENVIEW COURT NEW VISION HOME** CHARLOTTE, NC 28215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on January 10, 2024. The complaint was unsubstantiated (intake #NC00211005). A deficiency was cited. The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients V 780 27G .0304(d)10) Required Bathrooms V 780 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules. residential facilities licensed after October 1. 1988 shall meet the following indoor space requirements: (10) At least one full bathroom for each five or fewer persons including staff of the facility and their family shall be included in each facility. This Rule is not met as evidenced by: Based on record review, observations and RECEIVED interviews the facility failed to ensure at least one full bathroom for each five or fewer persons FFB 0 9 2024 including staff. The findings are: **DHSR-MH Licensure Sect** Record review on 12/28/23 of the facility's census

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form revealed:

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

Rober B. Polsusz

TITLE

Ceo

(X6) DATE

STATE FORM

Division of Health Service Regulation

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
mhl060-852		B. WING			01/10/2024		
	PROVIDER OR SUPPLIER	5004 GLE	DRESS, CITY NVIEW CO ITE, NC 28				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	SHOULD BE COMPLETE		
	-There were 6 curred Observation on 12/2 approximately 11:00 -Single level home with bathroomsThere were 3 staff and clients we located in the hallwaren and staff and clients we located in the hallwaren are was a second with a second bathroom and a second bathroom a second bathroom and a second bathroom a second bathroom and a second bathroom a second bathroom a second bathroom and a second bathroom a second b	ent clients.  28/23 of the facility at larm revealed: with 4 bedrooms and 2 and 6 clients present. For each using one bathroom ay. If the condition of bathroom located in Client and bathroom was closed.  With Client #1 revealed: for had been out of order atted on 10/9/23. The second bathroom with staff. The second bathroom was out a with Client #2 revealed: for each of bathroom was out a with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #3 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed: for had been out of order with Client #4 revealed	V 780				
	-The toilet in the second	and bathroom had plumbing					

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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	
		OF CORRECTION						
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ı		a	1.1000.050	B MING				
ŀ			mhl060-852	B. WING _		01/	10/2024	
ı	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	Y, STATE, ZIP CODE			
ı				NVIEW CO				
l	NEW VIS	SION HOME		TTE, NC 2				
ŀ				ITE, NO Z	0215			
l	(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT		(X5)	
l	PREFIX TAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE	
				TAG	DEFICIENCY)	PRIATE	DATE	
H		_						
l	V 780	Continued From pag	ge 2	V 780				
		problems.						
		-Clients could use the shower, but not the toilet.						
		-Did not know who w	vas responsible for having the					
		plumbing fixed in the	second bethroom					
		planibing fixed in the	e second bathroom.					
		Interview on 1/8/24 v	with the Qualified					
		Professional reveale						
		-Clients could use th						
		bathroom.	le snower in the second					
			ond bathroom had plumbing					
			ents flushing foreign objects.					
		The Evecutive Direct	ctor was responsible for					
		repairs at the facility.						
			ctor had the toilet repaired in					
		early 2022 but the n	inco began backing up and					
		shortly after.	ipes began backing up again					
			Type systime Discrete and the					
		-Did not know if the t	Executive Director made					
		arrangements to hav	re the plumbing fixed.					
		Interview on 1/2/24	vith Dragger Manager					
		revealed:	vith Program Manager					
			m had been out of order				i	
		since she was hired						
		-The shower worked						
							1	
			m had plumbing problems					
		causing sewer to bac	or up into the tollet.					
		and repair the plumb	plumber to come assess				1	
		and repair the plumble bathroom.	ing issue in the second				- 1	
		Dathroom.					1	
		Interview on 4/2/24	ith Evecutive Dissets					
		revealed:	rith Executive Director					
			and bothroom bed about the				1	
			and bathroom had plumbing					
		problems.	a the a tailet					
		-Sewer backed up int						
		- i nad a plumber con	ne out to repair the toilet				1	
		back in iviaren or Apri	I (2023), but the sewage still				- 1	
		kept backing up."					- 1	
		-vvouid have the pipe	s replaced in the second					
		oathroom.						

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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 mhl060-852 01/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5004 GLENVIEW COURT NEW VISION HOME** CHARLOTTE, NC 28215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (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) The contractor came out on January 29th to evaluate the plumbing issue. He informed us that the sewer line is backed up due to a shortage with the sewer pumb. The water isnt't getting enough flow. A contractor was hired and will come out on Febuary 17th to start the repair of the plumbing issue.

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