

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL066-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/20/2024
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NAME OF PROVIDER OR SUPPLIER FAMILY ADVANTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3104 HWY 301 N GARYSBURG, NC 27831
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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 complaint and follow up survey was completed on February 20, 2024. The complaint was unsubstantiated (Intake #NC00211367). A deficiency was 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 2 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 (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 interview, the facility was not maintained in an attractive manner. The findings are:</p> <p>Observation at 1:12pm on 2/14/24 revealed:</p> <ul style="list-style-type: none"> - Missing door knob on client #2's closet door - An unpainted patched area approximately 4 inches long near the headboard of client #2's bed - An approximately 5 inch long crack in client #4's bedroom closet door - A large unpainted patched area approximately the size of a basketball located on the hallway wall located outside of client #1 & #3's bedroom door 	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>Interview on 2/14/24 Staff #1 reported:</p> <ul style="list-style-type: none"> - She was aware of the patched areas and missing door knob - The patched areas came from clients punching holes in the walls - Couldn't recall how client #2's closet door knob broke or how long it's missing - The Licensee was responsible for overseeing the repairs of the facility <p>Interview on 2/20/24 the Licensee reported:</p> <ul style="list-style-type: none"> - Was responsible for overseeing repairs in the facility - He "contracted" a local "handy man" to make repairs to the facility - Staff would put in work orders for damages and he would contact the "handy man" to schedule repairs - Repairs took about 24 to 72 hours to be completed once he contacted the "handy man" - Contacted the "handy man" last week to patch the holes in the facility walls - Painting over the patched areas took longer to complete because the "handy man" had to wait for the patched area to dry - Client #2 damaged the walls and "ripped the door knob off" his closet door last week - Planned to contact the "handy man" today (2/20/24) to finish the repairs <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		