PRINTED: 03/08/2024 FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED 03/06/2024 | | |
|---|--|--|---|---|---|--|--|
| | | MHL0601404 | | | | | |
| IAME OF PF | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE, ZIP CODE | | | | |
| PRUCE C | OTTAGE | | THERMAL ROAD OTTE, NC 28211 | | | | |
| (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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT | TION SHOULD BE THE APPROPRIATE | | |
| ∨ 000 | INITIAL COMMENTS | | V 000 | | | | |
| | An annual, follow up and complaint survey was completed on 3-6-24. The complaint was unsubstantiated (#NC00213324). A deficiency was cited. | | | | | | |
| | This facility is licensed for the following service category: 10A NCAC 27G Psychiatric Residential Treatment for Children and Adolescents. | | | | | | |
| | - | d for six and currently has a rvey sample consisted of t clients. | | | | | |
| V 114 | 27G .0207 Emergeno | cy Plans and Supplies | V 114 | | | | |
| | AND SUPPLIES (a) A written fire plan area-wide disaster plan shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster of shall be held at least repeated for each shi under conditions that | an shall be developed and | | | | | |
| | facility failed to ensur | as evidenced by: ew and observation, the e that fire drills and disaster at least quarterly on each | | | | | |

YU5111

PRINTED: 03/08/2024 FORM APPROVED

| Division of Health Service Regu STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO | | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|--------------------------------|--|----|-------------------------------|--|
| | | | A. BUILDING: | | | | |
| | | MHL0601404 | B. WING | | 03 | 8/06/2024 | |
| IAME OF P | ROVIDER OR SUPPLIER | | ADDRESS, CITY, STATE, | , ZIP CODE | | | |
| PRUCE | COTTAGE | | THERMAL ROAD OTTE, NC 28211 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLE DATE | |
| V 114 | Continued From page 1 | | V 114 | | | | |
| | shift. The findings are: | | | | | | |
| | drills for February 202 revealed: -Facility shifts: fir shift 4pm-12am, third -Fire drills: No th quarter of 2023, no se for the second quarte -Disaster drills: N the second quarter of drill for the third quart Interview on 2-27-24 -The facility did to Interview on 2-27-24 revealed: -They had not do Interview on 3-6-24 w revealed: -He would make | ird shift fire drill for the last econd or third shift fire drill er of 2023. No second shift disaster drill f 2023, no first shift disaster | | | | | |

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