

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/29/2024
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NAME OF PROVIDER OR SUPPLIER THE NORLAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1019 NORLAND ROAD CHARLOTTE, NC 28212
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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>An annual, complaint and follow up survey was completed on 2/29/24. The complaints were unsubstantiated (Intake #NC00212865, NC00212980, NC00212199,NC00213448). 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 and Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients, 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 observations and interviews the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 2/21/24 at approximately 11:55am of the exterior of the facility revealed the following:</p> <ul style="list-style-type: none"> - Tree limbs were in the front yard and a pile of tree limbs on the left side of the front door on the ground; - Vines growing along the back right corner of the facility; - Piles of tree limbs and wood were in the back yard; 	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Fallen tree in the back yard; - Rotten wood throughout the deck and steps. <p>Observation on 2/22/24 at approximately 3:00 pm revealed the following:</p> <ul style="list-style-type: none"> - Livingroom: <ul style="list-style-type: none"> - Front door-peeled paint approximately 2 feet long and 5 inches wide; - Kitchen: <ul style="list-style-type: none"> - Rangehood was rusty and missing light bulb; - Light fixture over kitchen sink missing bulb; - Fire extinguisher missing tag, to show inspection; - Bedroom #1: <ul style="list-style-type: none"> - partially painted - Bedroom #2: <ul style="list-style-type: none"> - Blind missing from side window; - Door cracked approximately 8 inches long; - Dresser drawer broken. 	V 736		