Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	MHL076-063		R 08/09/2023

NAME OF PROVIDER OR SUPPLIER
YOUTH UNLIMITED-SLANE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
2872 YOUTH UNLIMITED DRIVE
SOPHIA, NC 27350

(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	INITIAL COMMENTS An annual, follow-up and complaint survey was completed on August 9, 2023. The complaint (intake #NC00205618) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients, 1 former client.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the building was maintained in a safe, clean and attractive manner. The findings are: Observation on 8/1/23 at 11:20 a.m. of the facility revealed: -The hallway bathroom near the common area was missing a mirror above the sink. -The bathroom had a whole in the wall and exposed pipe over the sink. -Bedroom #1 blinds were broken. -Bedroom #3 walls needed to be painted to cover up the plaster. -The entry light to bedroom #4 was out.	V 736	The clinical director will make the necessary arrangements to have all repairs completed within 30 days. RECEIVED AUG 25 2023 DHSR-MH Licensure Sect	9/5/2023

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Frank Mullins MA, LCMHC
TITLE: Clinical Director
(X6) DATE: 8/21/23

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V 736	Continued From page 1 -The refrigerator door handles were loose. -The dishwasher leaked when in use. Interview on 8/9/23 with the Clinical Operations Director revealed: -There was a system in place to report damages in the facility. -The company had independent contractors to work on anything that needed to be fixed in the house. -He would put in an order to get all items repaired.	V 736		