PRINTED: 05/23/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
			A. BOILDING: _		D C
		MHL0601078	B. WING		R-C 05/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE. ZIP CODE	
			RLAND ROAD		
THE NORI	LAND HOUSE		TTE, NC 28212		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	
V 000	INITIAL COMMENTS		V 000		
	on 5/15/24. The com	laint survey was completed plaint was unsubstantiated 1). A deficiency was cited.			
	<u>-</u>	d for the following service 27G .1700 Residential re for Children and			
		I for 4 and currently has a vey sample consisted of ents.			
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736		
		EMENTS			
	and its grounds was r	as evidenced by: as and interviews the facility not maintained in a safe, manner. The findings are:			
	revealed the following -Living Room -Peeled paint on handle approximately width; -Kitchen -The entire surface	left side of door around door 2 feet long and 5 inches in ce and underside of the			
	range hood over stove -Bedroom #2 -Door remained of approximately 8 inches	cracked midway across			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
` '		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-C	
		MHL0601078	B. WING		05/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1019 NOF	RLAND ROAD			
THE NOR	LAND HOUSE	CHARLO	TTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 736	Continued From page	÷1	V 736			
	Bedroom #3 -Door with 2 crace inches long and right inches long and 3 inches	ks, left side was about 14 side above handle about 6 hes wide.				
	Observation on 5/13/24 at approximately 2:45pm of the exterior of the facility revealed the following: -Various sized tree limbs and branches, small to medium (approximately 1 foot- 3 feet long, 1-7 inches in diameter), were scattered throughout the front yard; -Pile of tree limbs and branches (approximately 1-2 inches long and 1-2 feet in diameter) on the back right corner on the ground; -A large pile of land-clearing debris consisting of tree roots, limbs, branches and cut wood was on the lower back of the property; -Vines growing along the right side of the house and left corner of the house near the deck; -Lower first step of deck was broken with part of the wooden step pushed towards the ground and overgrown with weeds.					
	revealed:	with the Program Manager				
	but didn't complete re	me out to do some repairs pairs; is damaged on 4/27/24 by				
		e inspection tag for the fire				
	extinguisher, "that's o -"The city will only tak and yard waste) at the	e a certain amount (of limbs				
	revealed:	with the Clinical Supervisor				
	the Program Manage	ntenance repairs along with r; as supposed to report				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
ANDILANC	O CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		OOMI EETEB				
		MHL0601078	B. WING		R-C 05/15/2024				
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
1019 NORLAND ROAD									
THE NORLAND HOUSE CHARLOTTE, NC 28212									
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
V 736	-Deck was in the prod-Would inform mainter identified repairs need possible; -Telephone contact of Manager indicated that the maintenance pers-Maintenance knew was provided no timeline to be completed; -"we need to hire a	as responsible for ace person for repairs; cess of being repaired; cenance person that the ded to be fixed as soon as a soon a	V 736	DEFICIENCY)					

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