Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R-C B. WING MHL0601078 05/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1019 NORLAND ROAD THE NORLAND HOUSE CHARLOTTE, NC 28212 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A follow-up and complaint survey was completed on 5/15/24. The complaint was unsubstantiated (Intake #NC00216671). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. The facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients. PCS will maintain the facility in a safe, clean, attractive and orderly manner. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 The yard around the house will be clean by 6/13/2024 Staff finished painting and replacing the doors
Oven hood is being scheduled for repair.
The deck damage has been repaired
Fire extinguisher inspection tag will be replaced by 6/13/2024
Monitor by: House Manager, HR Director, Clinical Director and 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be QA/QI Director maintained in a safe, clean, attractive and orderly Completed by 6/13/2024 manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews the facility and its grounds was not maintained in a safe, attractive, and orderly manner. The findings are: Observation on 5/13/24 at approximately 2:39pm revealed the following: -Living Room -Peeled paint on left side of door around door RECEIVED handle approximately 2 feet long and 5 inches in width: JUN 06 2024 -Kitchen -The entire surface and underside of the range hood over stove was rusted. DHSR-MH Licensure Sect -Bedroom #2 -Door remained cracked midway across approximately 8 inches long;

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

STATE FORM

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Division	of Health Service Regu	lation			03/03/2012		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0601078	B. WING		2007 700	R-C 15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	ATE, ZIP CODE			
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THE NOR	LAND HOUSE	CHARLO	OTTE, NC 28212				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
V 736	Continued From page	1	V 736				
	Bedroom #3 -Door with 2 cracinches long and right inches long and 3 inch	ks, left side was about 14 side above handle about 6 nes wide.					
	of the exterior of the fifollowing: -Various sized tree limmedium (approximate inches in diameter), with the front yard; -Pile of tree limbs and 1-2 inches long and 1 back right corner on the large pile of land-clitree roots, limbs, branthe lower back of the levines growing along and left corner of the lever first step of de	bbs and branches, small to ly 1 foot- 3 feet long, 1-7 were scattered throughout branches (approximately -2 feet in diameter) on the ne ground; earing debris consisting of ches and cut wood was on property; the right side of the house house near the deck; ck was broken with part of leed towards the ground and					
	Interview on 5/13/24 v revealed: -Maintenance had corbut didn't complete rep-Bedroom #3 door wa Client #1; -He had not gotten the extinguisher, "that's or-"The city will only take and yard waste) at the Interview on 5/15/24 v revealed:	with the Program Manager ne out to do some repairs pairs; s damaged on 4/27/24 by e inspection tag for the fire n me"; e a certain amount (of limbs e time."					

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3PME11

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:									
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		MHL0601078	B. WING		05/	15/2024					
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NAME OF P	ROVIDER OR SUPPLIER			ATE, ZIP GODE							
THE NORLAND HOUSE 1019 NORLAND ROAD CHARLOTTE, NC 28212											
			11E, 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE					
V 736	Continued From page	2	V 736								
	needed repairs to the	Clinical Supervisor;									
	-Program Manager wa	as responsible for									
	contacting maintenan										
		ess of being repaired;									
		nance person that the									
	identified repairs needed to be fixed as soon as										
	possible;										
	-Telephone contact on 5/15/24 with the Program Manager indicated that he requested repairs and										
	the maintenance pers										
		hat needed to be fixed but									
	provided no timeline for when the repairs would										
	be completed;										
	-"we need to hire a	new maintenance person."									
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.										
	and must be corrected	d within 30 days.									
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