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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
ANDILAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED			
		MHL060-802	B. WING		R 06/17/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE				
WATER MILL HOME 6801 WATER MILL COURT								
WATER W	ILL HOWE	CHARLOT	TE, NC 28215					
(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 000	INITIAL COMMENTS		V 000					
	completed on 6-17-24	and complaint survey was 4. The complaint was 0216658) Deficencies were						
	This facility is license category: 10A NCAC Treatment Staff Secu Adolescents.							
		d for three and currently has survey sample consisted of clients.						
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736					
		EMENTS						
		n and interview, the facility d in a clean, attractive and						
	revealed:    -Kitchen: Missing leading into the kitche won't stay closed, bre on it, cupboards have the handles, stove ho substance dripping deleft of the stove is missing.	4 at approximately 4:40pm g edging on the corner en, cabinet on the lower right eak rail has dark substances e dark substances around od is loose with grey/green bown the wall, cabinet to the essing a handle, wallpaper n, refrigerator has red liquid						

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		CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		MHL060-802	B. WING		06/17	//2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
14/4TED 14		6801 WAT	ER MILL COUR	rT		
WATER M	ILL HOME	CHARLO	TE, NC 28215			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIAIE	DAIL
V 736	Continued From page	2 1	V 736			
	missing the globe and	d one light bulb.				
	-Living room: are	a behind the front door				
	approximately two fee	et by two feet patched but				
	not sanded or painted					
	-	as dented and rusty.				
		peeling around the toilet				
		ound the light switch has nd it, toilet in the front part of				
		not flush, pan 1/2 full of dirty				
		ne pipe to the toilet, bottom				
	of the vanity in the second half of the bathroom					
		ce behind the sink, paint				
	behind the second toi	let peeling, molding around				
	the bath tub brown, caulking missing, paint					
	•	ng, drain stopper for the bath				
	tub was loose, door to the second part of the					
	bathroom (toilet sink a	•				
		s gray caulking around both pits of caulk missing, the				
	closet has a hole approximately 1 inch around on the back wall, clothes are on the floor in the					
	closet.					
	-Bedroom #2: bro	oken outlet cover, gray				
	substance along the	door frame, windows have				
	gray caulking with bits					
		esser was missing a drawer,				
	~	the back wall, window had				
	piastic (instead of gla	ss) coming out of the frame.				
	Interview on 5-8-24 w	rith Client #1 revealed:				
		ot bad, they had to redo the				
	counter top, and the s	<del>-</del>				
	-The toilet in the	front of the bathroom has				
	the water turned off.					
		''I OI'				
		with Client #2 revealed:				
	-He nad no probl	ems with the facility.				
	Interview on 6-17-24	with the Associate				
	Professional revealed					

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
						R
		MHL060-802	B. WING		06	/17/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
WATER M	ILL HOME		ATER MILL COURT OTTE, NC 28215			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
V 736	Continued From page	e 2	V 736			
	-The facility need					
	-"You see it for y -"It needs new w					
	- it floods flow w	muows.				
	Interview on 6-17-24 with the Director revealed:  -They have made improvements on the house and they are still working on it.					
	-They just replac	ed the kitchen cabinets.				
		work, the chain slipped off to look at it to see if they				
	could fix it.	is look at it to ood it they				

Division of Health Service Regulation

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