## PRINTED: 07/03/2024 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL011-424		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		С		
		B. WING		06	06/27/2024		
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
AIYALYN	IN BURRELL CHILD CF	RISIS CENTER	TMORE AVENUE LLE, NC 28801				
(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 C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE D THE APPROPRIATE		
∨ 000	INITIAL COMMENTS		V 000				
	A complaint survey was completed on June 27, 2024. The complaint was substantiated (Intake#NC00217604). A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.						
	This facility is licens census of 10.	ed for 16 and has a current					
V 540	27F .0103 Client Rig Grooming	ghts - Health, Hygiene And	V 540				
	dignity, privacy and of personal health, h Such rights shall inc to the:	HEALTH, HYGIENE I be assured the right to humane care in the provision hygiene and grooming care. Hude, but need not be limited y for a shower or tub bath					
	<ul> <li>daily, or more often</li> <li>(2) opportunit</li> <li>(3) opportunit</li> <li>barber or a beauticat</li> <li>(4) provision of</li> </ul>	as needed; y to shave at least daily; y to obtain the services of a					
	individual personal h indigent client. Such not limited to toothp napkins, tampons, s utensil.	nygiene articles for each other articles include but are aste, toothbrush, sanitary having cream and shaving					
	individual privacy sh (c) Adequate toilets	, lavatory and bath facilities a client with a mobility					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-424		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		B. WING		C 06/27/2024		
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
AIYALYN	IN BURRELL CHILD CR	ISIS CENTER	TMORE AVENUE LLE, NC 28801			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN	F CORRECTION (X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLE
V 540	Continued From pag	e 1	V 540			
		n and interviews, the facility				
	in the provision of pe grooming care. The	-				
	inpatient unit had a 2	am revealed: between the lobby and the				
	Interview on 6/27/24 complainant reveale -She observed a 2-w bathrooms of the fac	d: /ay mirror in one of the				
	-There were 3 client unit.	with the Director revealed: bathrooms in the residential				
	considered part of th used at times by stat admission intake pro					
	have been here for 2 used."	as not monitored by staff. "I 2 years, and it's never been n a building which was				
	owned by the local c -The building was or for a different progra	ounty. iginally constructed and used m operated by a licensee				
	(current licensee).	mark Recovery Services, Inc. e a board installed on the				

STATE FORM

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V30B11

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		С	
		MHL011-424	B. WING			/27/2024
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
	IN BURRELL CHILD CR	ISIS CENTER	TMORE AVENUE			
			LLE, NC 28801			(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG			
V 540	Continued From page 2 would be a permanent installation.		V 540			

V30B11