

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2024
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NAME OF PROVIDER OR SUPPLIER LAKE AREA COUNSELING HALFWAY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 519 WALKER STREET NORLINA, NC 27563
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(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	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on August 14, 2024. The complaint was unsubstantiated (Intake #NC00218934). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 13 and has a current census of 10. The survey sample consisted of audits of 2 current clients and 1 deceased client.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation at 10:53am on 7/17/24 revealed:</p> <ul style="list-style-type: none"> - Damaged blinds in bedrooms #2, #3, & #4 - Cobwebs found in at least one corner of all of the window sills in the clients' bedrooms - The interior knob on the door leading to the stairwell was loose & partially detached from the slat exposing a sharp & ridged edge when pulled <p>Interview on 7/17/24 the Residential Director of Operations reported:</p> <ul style="list-style-type: none"> - Was responsible for overseeing the repairs in 	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <p>the facility</p> <ul style="list-style-type: none"> - Was in the process of renovating the facility - Renovations included painting and remodeling the bedrooms as the clients were discharged - Planned on replacing the blinds in the facility <p>Interview on 8/14/24 the Residential Director reported:</p> <ul style="list-style-type: none"> - Was aware of the needed repairs in the facility - The bedroom blinds were supposed to be fixed prior to the Division of Health Service Regulation (DHSR) survey - Was "beautifying" all of the facilities in the company - Saw the cobwebs in the clients' bedroom window sills during the tour of the DHSR survey - The clients should've been making sure their area is cleaned and the staff should've check for cleanliness <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		