STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL080-214		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NOMBER.	A. BUILDING:				
		B. WING		08	R 08/30/2024		
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE			
	DENTIAL SERVICES	328 OLD	CONCORD ROAD				
	DENTIAL CENTICED	SALISB	URY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on 8/30/24. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.						
		rrent census of 4. The survey audits of 3 current clients.					
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
		EMENTS					
	This Rule is not met Based on record revi interview, the facility manner. The findings	ew, observation and was not maintained in a safe					
	revealed: -"Emergency Egress have at least one ope	f the North Carolina Code Section 310.2.1 -Every sleeping room shall erable window or emergency nergency egress. The units					
	must be operable wit a full clear opening. I sill height may not be	hout the use of key or tool to f a window is provided, the more than 44" above the povide a clear opening of 4					
	square feet. The min inches and minimum	imum height shall be 22 width is 20 inches (1996 buildings built under the					

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		MHL080-214	B. WING		08	R 08/30/2024	
IAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
GH RESI	DENTIAL SERVICES		CONCORD ROAD				
		SALISB	URY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From pag	e 1	V 736				
	requirements allowed for a sill height of 48" and						
		uare inches in an area with					
	a minim dimension of 16")."						
		- )					
	Observation on 8/28/24 at approximately 1:36 pm						
	of the facility and interview with the Qualified						
	Professional (QP) #1 revealed:						
	- Observed client #2's bedroom to have only one						
	window. The only window had a window air						
	conditioning unit installed at the lower part of the						
	window opening. - The lower window was pushed up and had L						
	- The lower window was pushed up and had L brackets on each side of the window with screws						
	installed. The L brackets attached the lower						
	window to the top window.						
	- The QP #1 attempted to push open client #2's						
	bedroom window and was unable to open the						
	window. She was unable to push the air						
	conditioning unit out of the window.						
	- The "window won't						
		ty maintenance person					
	installed the air cond (2024)."	itioning unit "probably in April					
	- The maintenance p	erson installed the air					
		the facility because the					
		ng had not worked properly					
	and the landlord refu	sed to "fix it."					
	Interview on 8/28/24	with client #2 revealed:					
	- There were screws	in his bedroom window					
	"probably so we can'	t get out."					
		ws in his bedroom window					
		terday" when he "was					
	putting pictures up or						
	- He had not tried to	open his bedroom window.					
	Interview on 8/28/24	with the facility maintenance					
	staff revealed:	-					
	- When he installed t	he air conditioning unit in					
	client #2's bedroom h	ne put screws in the window					

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		DERTH TO THOM TO THE DER.				
		B. WING		08	R 08/30/2024	
AME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
GH RESI	DENTIAL SERVICES		) CONCORD ROAD URY, NC 28144			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET DATE
V 736	Continued From page 2		V 736			
	"for the stability of the out."	e unit so that it would not fall				
	Interview on 8/30/24	with the Licensee revealed:				
	- She did not know when the air conditioning unit					
	had been installed in client #2's bedroom window. "It was when the central air went out in the past					
	year."					
	- She was not sure if the staff ever checked to see if the window in client #2's bedroom would					
	open.					
	- The air conditioning unit was installed when "the					
	central air went out and the landlord was not willing to fix it. We would have repaired it but it					
	was going to cost \$1	-				
	Review on 8/29/24 of the Plan of Protection dated					
	8/29/24 and written by the Licensee revealed:					
	"What immediate action will the facility take to ensure the safety of the consumers in your care?					
	On 08-29-2024, the facility located at 328 Old					
		ry NC removed the AC (air				
	,	unit to ensure that every construction requirements				
	for emergency egres					
	• •	to make sure the above				
	happens.	e compliance with the rule as				
	follows:	e compliance with the rule as				
	• • •	room must have at least one				
		an exterior door that is				
		ncy egress. The window size ust be in accordance to the				
		ime the facility was built."				
	This deficiency has b original cite on 7/12/2	been cited 3 times since the 23.				
		client with diagnoses of eractivity Disorder, Conduct				

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         MHL080-214			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		B. WING		08/30/2024		
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
GH RESI	DENTIAL SERVICES		CONCORD ROAD			
	CLIMMA DV C		JRY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pag	e 3	V 736			
	During an 8/28/24 fa had one window in h blocked for emergen conditioning unit. In conditioning unit, clie had screws on each prevented the windo	ent #2's only bedroom window side of the window that w from opening. titutes a Type A1 rule neglect and must be				
	Ith Service Regulation					