

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-219</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/19/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PENA COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE E</b> <b>MARSHVILLE, NC 28103</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 9-19-24. The complaint was unsubstantiated (#NC00219953). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 12 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></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 failed to ensure that it was maintained in a clean, safe, attractive and orderly manner. The findings are:</p> <p>Observation on 9-19-24 at approximately 11:00am revealed:</p> <ul style="list-style-type: none"> <li>-Bedroom #1: no curtains or blinds covering the window.</li> <li>-Bedroom #2: no curtains or blinds covering the windows, light switch plate is cracked, Missing door jam.</li> <li>-Bedroom #3: no blinds or curtains covering the windows, bathroom has dark substance on the walls.</li> <li>-Bedroom #4: no blinds or curtains covering</li> </ul>	V 736		

Division of Health Service Regulation 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 windows, broken light switch plate.</p> <p>-Bedroom #5: bathroom has dark streaks around the light switch and inside of the bathroom door, and black streaks on the bedroom wall leading to the bathroom and the wall over the bed.</p> <p>Interview on 9-19-24 with the Executive Director revealed:</p> <p>-The clients pulled off the blinds and curtains, but he would find a solution.</p> <p>-He would make sure that staff understood that they needed to be diligent in cleaning behind the clients.</p>	V 736		