

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/03/2024
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NAME OF PROVIDER OR SUPPLIER THE NORLAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1019 NORLAND ROAD CHARLOTTE, NC 28212
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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>A complaint and follow up survey was completed on 10-3-24. The Complaints were substantiated (#NC00220620, #NC00220628). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 2 current clients.</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 interviews the facility failed to be kept in a clean, safe, attractive manner. The findings are:</p> <p>Observation on 9-30-24 at approximately 4:00pm revealed: -Kitchen: 6 cabinet doors would no stay closed, all cabinets scratched and worn, Patch of paint approximately 6 inches long and one inch wide missing form the wall, patch approximately 1 foot by 1 foot over the sink had been painted, but not sanded, paint missing from the top of the wall over the washer approximately 3 feet long, gray matter on the wall behind the washer, multiple dark streaks running down the cabinet, counter</p>	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>top was raising up in 2 places, floor in front of the garbage can was worn down and white, floorboards had small gaps between the boards in multiple places.</p> <ul style="list-style-type: none"> -Hallway: air vent had a dark substance covering the bottom. -Bedroom #1 had an uncovered outlet. -Bedroom #3 had a patch that was unpainted approximately 3 inches by 2 inches on the wall. -Living room: one broken blind. <p>Interview on 9-30-24 with Client #1 revealed:</p> <ul style="list-style-type: none"> -All of the clients have chores to help keep the facility clean. -Staff does clean behind them. <p>Interview on 9-30-24 with Client #2 revealed:</p> <ul style="list-style-type: none"> -There were no problems at the facility and the clients do the cleaning. <p>Interview on 9-30-24 with the Facility Manager revealed:</p> <ul style="list-style-type: none"> -It was the staff job to ensure that the facility was clean, but the client are expected to help keep it clean. <p>Interview on 10-3-24 with the Administrator revealed:</p> <ul style="list-style-type: none"> -They have done a lot of work to the facility. -She would make sure the issues were corrected as soon as possible. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		