Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
			A. BUILDING.		R		
MHL051-225		B. WING		1	4/2024		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
70 WEST	•		0 BUSINES , NC 27520	S WEST			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
	A follow up survey v deficiency was cited	was completed on 10/14/24. A					
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.						
		sed for 4 and currently has a urvey sample consisted of client.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	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.						
	was not maintained	et as evidenced by: tion and interview the facility in a safe manner for one of (#1). The findings are:					
	for client #1's bedro the outside entry of open from the insid Executive Officer (0	8/24 at 12:45 PM the exit door from had a dead bolt lock on the door. The door could not e. The Licensee/Chief CEO) removed the deadlock ient #1's bedroom was located a facility.					
	-Admission date of -Age 16 -Diagnoses of Mild	of client #1's record revealed: 3/6/23 Intellectual Development tistic Disorder and Disruptive					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3)		(X3) DATE	3) DATE SURVEY	
` ,		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					F	₹	
	MHL051-225		B. WING		10/1	4/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
70 WES1		9421 US 7	O BUSINES	S WEST			
70 11231		CLAYTON	, NC 27520				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 736	Continued From page 1		V 736				
	Mood Dysregulation	1					
	Service Regulation Surveyor stated: -Was in the facility of do a follow up surve door locked from the -Staff present in the the doorWas in the facility if exit door in client #" covered with dry ware -The Licensee/CEC door due to a client -The bedroom had were too high based used for egressDue to the fact the posed a safety risk there was no egres	facility had no key to open n July 2023 and noticed the I's bedroom had been					
	-When he first got t door in the bedroon -Client #1 had broke an attempt to elope	e out the glass of the door in					
	was located to prev -The Construction S few months ago and						
	in the bedroom and it.	to have the door placed back to make sure it had a lock on					
	(10/5/24).	led the new door on Saturday e facility to see the new door					

Division of Health Service Regulation

STATE FORM 6899 D68I11 If continuation sheet 2 of 4

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
		A. Boilbing.		R			
MHL051-225		B. WING		10/1	4/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
70 WES	т		0 BUSINES	S WEST			
			, NC 27520				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 2	V 736				
V 736	that was installedNever told him to perfect the doorWas not aware the of the door until tod called by the Const-Removed the dead aware of itWould explore optithe client's safety. Interview on 10/9/24-Owned the home to completed all repaireThere was initially was asked by the Lago to remove the celling was asked by the Lago to remove the celling install a new door of a door with a lockPlaced a deadlock entrance"Misunderstood himoutside of the door couldn't leave the helicensee/CEC (10/8/24) and asked lock on the door an lock"This was my mistal Review on 10/11/24 completed by the Life revealed the followies." Review on 10/11/24 completed by the Life revealed the safety of	place a lock on the outside of the was a lock on the outside ay (10/8/24) when he was ruction Section Surveyor. Illock as soon as he was made tons for the bedroom to ensure the facility was licensed in and is. In a door in the bedroom, but icensee/CEO a few weeks door due to client elopement. On Saturday (10/5/24) to in the bedroom. It is to told him to make sure it was not the outside of the door in the outside of the door in and placed a lock on the to make sure the client ome. It is to to the tole the door in the placed that kind of	V 736				

Division of Health Service Regulation

STATE FORM 6899 D68I11 If continuation sheet 3 of 4

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 70 WEST SUMMARY STATEMENT OF DEFICIENCIES CLAYTON, NC 27520 (X4) ID PREFIX TAG COntinued From page 3 Appropriate "thumb" lock is being used to lock and unlock the door. Describe your plans to make sure the above happens. -The landlord will be coming to assess the door area to see if this outside door can be converted to a window." A client age 16 with diagnoses of Mild IDD, Autistic Disorder and Disruptive Mood Dysregulation lived in a four bed facility where his bedroom was located on the far end of the home. The client's bedroom door which lead to the outside of the facility was deadbolted with no key to open it. The door had been recently replaced by the landlord who installed the lock on the outside of the door and make suited in the event of a fire or emergency. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
NAME OF PROVIDER OR SUPPLIER TO WEST SUMMARY STATEMENT OF DEFICIENCIES TAG (X4) ID PREFIX TAG (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 3 appropriate "thumb" lock is being used to lock and unlock the door. Describe your plans to make sure the above happensThe landlord will be coming to assess the door area to see if this outside door can be converted to a window." A client age 16 with diagnoses of Mild IDD, Autistic Disorder and Disruptive Mood Dysregulation lived in a four bed facility where his bedroom was located on the far end of the home. The client's bedroom door which lead to the outside of the facility was deadbolted with no key to open it. The door had been recently replaced by the landlord who installed the lock on the outside of the door and resulted in the client with no access to an exit in the event of a fire or emergency. This deficiency constitutes a Type A2 rule violation for substantial risk of serious						R		
70 WEST 9421 US 70 BUSINESS WEST CLAYTON, NC 27520 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 3 appropriate "thumb" lock is being used to lock and unlock the door. Describe your plans to make sure the above happens. -The landlord will be coming to assess the door area to see if this outside door can be converted to a window." A client age 16 with diagnoses of Mild IDD, Autistic Disorder and Disruptive Mood Dysregulation lived in a four bed facility where his bedroom was located on the far end of the home. The client's bedroom door which lead to the outside of the facility was deadbolted with no key to open it. The door had been recently replaced by the landlord who installed the lock on the outside of the door and resulted in the client with no access to an exit in the event of a fire or emergency. This deficiency constitutes a Type A2 rule violation for substantial risk of serious			MHL051-225	B. WING		10/1	4/2024	
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	V 736	appropriate "thumb' and unlock the door Describe your plans happensThe landlord will be area to see if this or to a window." A client age 16 with Autistic Disorder and Dysregulation lived bedroom was located The client's bedroom outside of the facilit to open it. The door by the landlord who outside of the door no access to an exiemergency. This displays the control of the door no access to an exiemergency. This displays the door for the door no access to an exiemergency. This displays the door no access to an exiemergency. This displays the door no access to an exiemergency. This displays the door no access to an exiemergency. This displays the door no access to an exiemergency. This displays the door no access to an exiemergency. This displays the door no access to an exiemergency.	"lock is being used to lock r. Is to make sure the above to coming to assess the door cutside door can be converted to diagnoses of Mild IDD, and Disruptive Mood in a four bed facility where his ted on the far end of the home. In door which lead to the y was deadbolted with no key or had been recently replaced to installed the lock on the and resulted in the client with to the event of a fire or eficiency constitutes a Type substantial risk of serious	V 736				

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