

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/09/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JOHNSON CENTER I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 THURLOW STREET RED SPRINGS, NC 28377</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
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V 000	INITIAL COMMENTS  An annual survey was completed on October 9, 2024. 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.  This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean and attractive manner. The findings are:  Observation on 10/08/24 at approximately 4:00pm of the facility revealed: -Client #2's door had a hole in the door approximately 1 inch in size. -The hall bathroom to the right of the entrance the base board was soft and rotted wood and there was a hole behind the door the size of a quarter. -Client #3's bedroom the linoleum floor was bubbling and buckling in several areas of the flooring.  During interview the Registered Nurse/Owner revealed:	V 736	<p style="text-align: center;"><b>RECEIVED</b> <b>NOV 5 2024</b> DHSR-MH Licensure Sect</p> <p>An interview was held on 10/30/24 to reinforce the importance of monitoring and reporting to the Administrator, daily maintenance sheets findings and needed repairs</p> <p>① Hole in the door was repaired on 10/23/24</p> <p>② Hall bathroom was replaced on 10/9/24</p> <p>③ Bedroom #3 bubbling and buckling areas has been measure to be replaced</p>	<p>10/30/24</p> <p>12/8/24</p> <p>12/8/24</p> <p>12/8/24</p>

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

TITLE

(X6) DATE

*Sheila Ferguson*

RNBSW

10/30/24

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V 736	Continued From page 1  -The facility needed updates and they were in the process of starting the updates in the facility.	V 736		