

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-868</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHERRYWOOD COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5321 LOGOS COURT</b> <b>RALEIGH, NC 27610</b>		
(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	INITIAL COMMENTS  An annual and follow up survey was completed on 11/5/24. Deficiencies were 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 has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 539	27F .0102 Client Rights - Living Environment  10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.  This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide accessible areas for personal privacy for 1 of 3 clients (#2).	V 539		

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 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-868</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHERRYWOOD COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5321 LOGOS COURT</b> <b>RALEIGH, NC 27610</b>		
(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 539	<p>Continued From page 1</p> <p>The findings are:</p> <p>Review on 10/31/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 11/16/23</li> <li>- Age: 14 years old</li> <li>- Diagnoses: Attention-Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, Major Depressive Disorder, Post-traumatic Stress Disorder</li> </ul> <p>Observation on 10/31/24 at 12:37pm revealed no door at the entrance of client #2's bedroom.</p> <p>Interview on 10/31/24 client #2 reported:</p> <ul style="list-style-type: none"> <li>- His bedroom had no door</li> <li>- He was in a different bedroom when he first moved into the facility</li> <li>- He moved into the bedroom he was currently in about 2 months ago</li> <li>- The bedroom did not have a door when he moved in</li> <li>- There were "pros and cons" to not having a door to his bedroom</li> <li>- Pros were safety and staff being able to watch him all the time</li> <li>- Cons were "I can't be myself" and he had no privacy</li> <li>- He was able to change in the bathroom and had privacy there</li> </ul> <p>Interview on 10/31/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Client #2 had not had a door for "about a month"</li> <li>- The door had a hole in it from another client when client #2 moved into that room</li> <li>- Client #2 became angry and "rocked the door back and forth and slammed it and the hinges came out of the wall"</li> </ul>	V 539		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-868</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHERRYWOOD COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5321 LOGOS COURT RALEIGH, NC 27610</b>		
(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 539	Continued From page 2  - An attempt was made to replace the door "but I guess they didn't have the right screws or something" and it was not replaced - The Program Specialist was responsible for repairs to the home  Interview on 11/5/24 the Program Specialist reported: - Client #2's door had "not been off long" - The door was broken when client #2 moved into that room - "The door wasn't that bad but he (client #2) kept messing with it" - The door was removed to prevent client #2 from injuring himself on the broken pieces - The door was being replaced on 11/6/24	V 539		
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 interview the facility and it's grounds were not maintained in a safe, clean and attractive manner. The findings are:  Observation on 10/31/24 at approximately 12:34pm revealed: - 2 chairs in the dining room were broken with back cushions detached from the metal frame - 3 of 3 globes from the dining room light fixture were missing and the bulbs were exposed - 3 kitchen cabinet drawers were missing front boards	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-868</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHERRYWOOD COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5321 LOGOS COURT</b> <b>RALEIGH, NC 27610</b>		
(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 736	Continued From page 3 <ul style="list-style-type: none"> <li>- 5 kitchen cabinet doors were missing knobs</li> <li>- Baseball size hole beside the closet door in client #2's bedroom</li> <li>- Door for the hallway closet #1 had an approximately 10 inch crack in the top right panel</li> <li>- Baseball size hole behind the hallway bathroom door</li> <li>- Caulking around the length of the left side of the hallway bathroom vanity was cracked and peeled back</li> <li>- Door for the hallway closet #2 had a missing door knob</li> <li>- Bi-fold closet doors in client #3's room were missing</li> <li>- Baseball size hole behind the entrance door to client #3's bedroom</li> <li>- Client #1's bathroom sink had the left faucet with no handle and right faucet with a loose handle</li> <li>- Missing globe for the ceiling light fixture in client #1's bathroom</li> <li>- Approximately 4 inches of baseboard and sheetrock between the tub and vanity in client #1's bathroom was rotted and detached from the wall</li> <li>- Buildup of a black substance along the length of the bottom of the shower door in client #1's bathroom</li> <li>- Approximately 4 inches of molding along the bottom of the wall outside the shower of client #1's bathroom was missing</li> <li>- The globe was missing on client #1's bedroom ceiling fan light and 2 bulbs were exposed</li> <li>- Approximately 5 pickets missing from the railing on the back deck</li> <li>- A white minivan without a license plate and with a flat rear driver's side tire was parked in the driveway</li> </ul>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-868</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHERRYWOOD COURT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5321 LOGOS COURT</b> <b>RALEIGH, NC 27610</b>		
(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 736	<p>Continued From page 4</p> <p>Interview on 10/31/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- The Program Specialist was responsible for repairs to the facility</li> <li>- The broken chairs in the dining room were new and the clients had "already broken them"</li> <li>- She thought the Program Specialist was going to have the minivan parked in the driveway towed away</li> <li>- She was not certain how long the van had been there</li> <li>- The van was previously used as a facility van</li> <li>- Not sure what other repairs were being addressed</li> </ul> <p>Interview on 11/5/24 the Program Specialist reported:</p> <ul style="list-style-type: none"> <li>- He had been working on making repairs such as flooring and the back deck</li> <li>- The landlord was not willing to make any repairs to the facility</li> <li>- Planned to move from this facility and had been looking for a new facility</li> </ul> <p>Interview on 10/30/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- The facility was rented and they had difficulty with the landlord not making needed repairs</li> <li>- The Program Specialist had made some needed repairs and there were more being worked on</li> <li>- She and the Program Specialist were in the process of looking for a new facility</li> </ul> <p>This deficiency has been cited 6 times since the original cite on 10/9/18 and must be corrected within 30 days.</p>	V 736		