

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1060-852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/20/2024
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NAME OF PROVIDER OR SUPPLIER NEW VISION HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5004 GLENVIEW COURT CHARLOTTE, NC 28215
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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>An annual, complaint and follow up survey was completed on 12-20-24. The complaint was unsubstantiated (intake #NC00224738). A deficiency was 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 6 and currently has a census of 5. The survey sample consisted of audits of 3 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 was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 12-11-24 at approximately 5:15pm of client #5's bedroom revealed: -A missing plate on the electrical socket located on the wall by client #5's bed. -A patch of peeling paint, approximately 12 inches wide that covered a hole approximately 8 to 9 inches wide on the wall to the left of the bedroom door. -A hole approximately 6 inches wide on the wall facing the bedroom door. -An area approximately 2 inches wide and 5</p>	V 736		

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: mhl060-852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/20/2024
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V 736	<p>Continued From page 1</p> <p>inches long was missing a patch of paint.</p> <p>Interview on 12-11-24 with client #5 revealed: -She (client #5) was not aware of how the damage (holes in the walls and missing electrical plate) occurred in the room. -"All of that (damage) was here when I got here (when she was admitted to the facility)."</p> <p>Interview on 12-20-24 with the Qualified Professional revealed: -She as not aware of the damage in client #5's room. -"Yes, we will work on getting that fixed right away."</p>	V 736		