Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.			(X3) DATE SURVEY COMPLETED		
AND FLAN OF CORRECTION			A. BUILDING:					
MHL036-357		B. WING		R 12/13/2024				
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE				
COSBY C	COSBY COUNSELING & CONSULTING, PLLC 1351 HARGROVE AVENUE GASTONIA, NC 28052							
(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		V 000					
		and follow up survey was 24. The complaint was ke #NC00223449). A						
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.							
		d for 4 and currently has a vey sample consisted of ents.						
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance		V 736					
		EMENTS						
		n and interviews, the facility n a clean, attractive, and						
	area. Each chair had length of the seat whi	n to 4pm revealed: rs in the kitchen/dining room split upholstery that ran the ich caused an approximate 2 d the foam, white batting and						
	Client #1's bedroom: -The covering on the the entrance to the be	electrical outlet just inside edroom was loose.						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				74: BOILBING: _			R	
MHL036-357			B. WING			12/13/2024		
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
			1351 HARG	ROVE AVENU	E			
COSBYC	OUNSELING & CONSUL	IING, PLLC	GASTONIA	, NC 28052				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From page 1			V 736				
	-The covering on the plastic storage bin wa- The bottom of the bocrack that was approvideThe second drawer storage bin was brok- The floor vent was rangeThere was dust and Client #2's bedroom: -A large pile of clothere on the floor by the night andles on two sides from the top to approvident of the basket was dirt and conclient #2's bed consmattress on top of a which caused the main and lay partially on the was lifted there were debris under the bed Client #3's bedroom:	electrical outlet behind as loose. edroom door had a circ ximately 12 to 14 inches on a three drawer plast en. usted and bent. debris on the floor. es (jeans, shirts, shoes) ght stand. dry basket with two torns of the basket, and a siximately half way downwas placed on the floor. electric on the floor. electric on the floor. electric on the floor. electric of a queen size fut twin size metal bed france floor. When the mat socks, clothing, dirt an .	eular es tic) were plit n the by uton me ame tress					
	smaller black smudg -The right closet doo -The covering on the just inside the bedroo	r was missing. electrical outlet on the om was loose, as well a rical outlet on the wall t	wall as the					
	Interview on 12-3-24 -"I clean my own roo -He did not know hov	with client #1 revealed m. Staff help sometime v the crack got in the do t do it (cause the crack	es." oor.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL036-357	B. WING		R 12/13/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•		
COSBY C	COSBY COUNSELING & CONSULTING, PLLC 1351 HARGROVE AVENUE GASTONIA, NC 28052						
(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	OUNSELING & CONSULTING, PLLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		V 736				

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