PRINTED: 05/12/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _				
		MHL013-090	B. WING		04/28/2025		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
TOURNAMENT STREET 1508 LANE STREET KANNAPOLIS, NC 28083							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
V 000	O00 INITIAL COMMENTS An annual survey was completed on April 28, 2025. A deficiency was cited.		V 000				
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.						
		d for 4 and has a current vey sample consisted of ents.					
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors. (4) In areas of exposed to hot water.	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are , the temperature of the ined between 100-116					
	failed to ensure the h	as evidenced by: and observation the facility ot water temperature was 100-116 degrees Fahrenheit.					
	revealed: - the hot water tempe Fahrenheit at the sink Interview with Client	#1 on 4/23/25 revealed:					
	-had no issues with the	ne water temperature					

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

TITLE (X6) DATE

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ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED					
		MHL013-090	B. WING		04/28/2025					
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE						
TOURNAMENT STREET 1508 LANE STREET										
KANNAPOLIS, NC 28083										
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE					
V 752	2 Continued From page 1		V 752							
	-took showers in the hall bathroom									
	Interview with Client # -had no issues with th -took showers in the I Interview with Client # -had no issues with th -took showers in the I Interview with the Qu 4/24/25 revealed: -the clients had not co being too hot -he was not aware the above the required ra Interview with the Exe 4/23/25 revealed: -the clients had not co being too hot	#2 on 4/23/25 revealed: ne water temperature nall bathroom #3 on 4/23/25 revealed: ne water temperature nall bathroom alified Professional on complained about the water e hot water temperature was ange ecutive Director/Licensee on complained about the water								

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STATE FORM 6899 7T1H11 If continuation sheet 2 of 2