

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/28/2025
NAME OF PROVIDER OR SUPPLIER TOURNAMENT STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 1508 LANE STREET KANNAPOLIS, NC 28083		
(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 survey was completed on April 28, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on interviews and observation the facility failed to ensure the hot water temperature was maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 4/23/25 at approximately 1:15 PM revealed: - the hot water temperature was 122 degrees Fahrenheit at the sink in the hall bathroom Interview with Client #1 on 4/23/25 revealed: -had no issues with the water temperature	V 752	We have adjusted the water temperature to a lower temp. We are going to check it at least 3 times a week. We will keep a water temp log for the next 60 days. We will ensure the client's safety.	04/28/25

Division of Health Service Regulation

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

Ricky Taylor

TITLE

President

(X6) DATE

5-19-25

STATE FORM

6899

7T1H11

If continuation sheet 1 of 2

RECEIVED

MAY 23 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation

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V 752	<p>Continued From page 1</p> <p>-took showers in the hall bathroom</p> <p>Interview with Client #2 on 4/23/25 revealed: -had no issues with the water temperature -took showers in the hall bathroom</p> <p>Interview with Client #3 on 4/23/25 revealed: -had no issues with the water temperature -took showers in the hall bathroom</p> <p>Interview with the Qualified Professional on 4/24/25 revealed: -the clients had not complained about the water being too hot -he was not aware the hot water temperature was above the required range</p> <p>Interview with the Executive Director/Licensee on 4/23/25 revealed: -the clients had not complained about the water being too hot -was not aware the hot water temperature was above the required range</p>	V 752		