

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BURKWELL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3476 MORGANTON BOULEVARD</b> <b>LENOIR, NC 28645</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 14, 2025. 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>The facility is licensed for 8 and currently has a census of 8. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(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 interview, the facility was not maintained in a safe manner. The findings are:</p> <p>Observation on 8/12/25 at 12:50pm of the facility's interior revealed: -Client #3's bedroom did not have a bedroom door.</p> <p>Interview on 8/13/25 with Client #3 revealed: -Did not have a bedroom door. -Didn't notice every other bedroom had a door "...doors can't be closed anyways."</p> <p>Interview on 8/13/25 with Staff #1 revealed: -"Never been a door on that room (Client #3's bedroom), I don't know why."</p>	V 736		

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

TITLE

(X6) DATE

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V 736	<p>Continued From page 1</p> <p>-Never asked why there wasn't a door.</p> <p>Interview on 8/12/25 with the House Manager revealed: -Client #3's bedroom hadn't had a door since "y'all (Division of Health and Service Regulation) came out last time (9/10/24)." -"...trying to find a door to fit the frame, can't find one." -The Director was responsible for finding a door for Client #3's bedroom.</p> <p>Interviews on 8/12/25 and 8/13/25 with the Qualified Professional #1 revealed: -"Never noticed (Client #3 did not have a bedroom door) because clients have to be in eyesight of staff at all times." -"[Client #3] didn't say anything about not having a door." -"Never thought anything about the door. Didn't ask anybody about it."</p> <p>Interview on 8/13/25 with the Licensed Professional revealed: -"Not sure why he (Client #3) doesn't have a door (bedroom door)."</p> <p>Interview on 8/13/25 with the Director revealed: -"I dropped the ball on that (putting a door on Client #3's bedroom)." -"I didn't call back (to the contractor) to have the door put on." -"Clients don't close their doors ever, but I understand a door still needs to be put on for safety, in case of a fire."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		