

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-247	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/10/2025
NAME OF PROVIDER OR SUPPLIER HEAVEN'S GATE		STREET ADDRESS, CITY, STATE, ZIP CODE 4111 ZEBULON AVENUE SW CONCORD, NC 28027		
(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, complaint and follow up survey was completed on 12/10/25. The complaints were unsubstantiated (intake #NC00233701 and #NC00234816). Deficiencies were 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 4 current clients.	V 000		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four	V 296		

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

TITLE

(X8) DATE

Brenda Blum

Owner

12/25/25

STATE FORM

6899

E59511

If continuation sheet 1 of 34

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DEC 30 2025

DHSR-MH Licensure Sect

Eternal Haven's Plan of Corrections

1) TAG V296 – 10A NCAC 27G .1704

Minimum Staffing Requirements

Corrective Action

Effective immediately, the facility has revised its staffing and transportation procedures to ensure compliance with minimum staffing requirements at all times, including during client transportation. The deficiency was corrected with the facility requiring two direct care staff to be present during client transportation.

This deficiency was corrected with a staff meeting instructing the staffing ratios that apply during transportation. Reoccurrence will be prevented via transportation plans being reviewed quarterly to ensure compliance with minimum staffing requirements.

Responsible Person

Executive Director

2) TAG V364 – G.S. 122C-62

Client Rights – Privacy and Supervision

Corrective Action

Effective immediately, the facility reinforced privacy expectations related to client bedrooms, therapy sessions, and phone calls. Deficiency correction occurs via staff being re-trained on all client rights, including appropriate supervision and respect for privacy. Reoccurrence will be prevented via client rights being re-vamped within staff training.

Responsible Person

Qualified Professional / Executive Director

3) TAG V366 – 10A NCAC 27G .0603 & 4) TAG V367 – 10A NCAC 27G .0604

Incident Response Requirements

Corrective Action

The facility has revised its incident response procedures to ensure that all Level I, II, and III incidents are managed in accordance with NCAC requirements. Staff were retrained on IRIS and incident response requirements, regulations, and expectations. Reoccurrence will be prevented via the designee reviewing all incident reports quarterly to ensure compliance with response requirements.

Responsible Person

Executive Director / Associate Professional