

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARRS PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3013 ARDOCH DRIVE GREENSBORO, NC 27410</b>
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(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 survey was completed on 2/16/26. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities for Children and Adolescents.</p> <p>The facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held at least quarterly and repeated for each shift. The findings are:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>Review on 2/13/26 of the facility's disaster drill log from 2/28/25-1/21/26 revealed:</p> <ul style="list-style-type: none"> <li>- No second or third shift drill was held during the first quarter of 2025 (January - March 2025)</li> <li>- No first or third shift drill was held during the second quarter of 2025 (April - June 2025)</li> <li>- No second or third shift drill was held during the third quarter of 2025 (July - September 2025)</li> <li>- No first or second shift drill was held during the fourth quarter of 2025 (October - December 2025)</li> </ul> <p>Interview on 2/13/26 with the Owner/Director revealed:</p> <ul style="list-style-type: none"> <li>- He had been misinformed as to how often disaster drills were to be held</li> <li>- Would ensure drills were held as required</li> </ul>	V 114		