

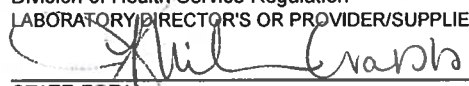
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/20/2026
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NAME OF PROVIDER OR SUPPLIER ACE PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 1155 CHILDREN'S CIRCLE ROCKWELL, NC 28138
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 20, 2026. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities for Children or Adolescents.</p> <p>This facility is licensed for 8 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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 observations and interviews, the facility was not maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 2/19/26 at approximately 4:44pm revealed: Kitchen: -The cabinet underneath the sink had water damage and the wood was rotted; -The paint on the wall was discolored approximately 5 x 5 inches.</p> <p>Livingroom: -The wall was missing plaster approximately 2 inches long and 1 inch wide; -The wall had a dent in the plaster approximately 4 x 4 inches.</p>	V 736	<p>The maintenance department will replace the rotten wood, repair the leaking pipe, and will repaint the wall.</p> <p>The maintenance department will re-plaster both spaces on the walls in the living room.</p>	<p>5/1/2026</p> <p>5/1/2026</p>

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director of Operations	(X6) DATE 3/16/2024
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V 736	<p>Continued From page 1</p> <p>Bedroom #6: -The sink was missing the cold-water handle.</p> <p>Interview on 2/19/26 with staff #2 revealed: -"Maintenance came in and sealed the pipe about 3 weeks ago;" -There in need of a renovation; -He was not specific about how long the pipe was leaking;</p> <p>Interview on 2/19/26 with The Program Manager revealed: -He was unaware of the pipe leaking and the cabinet being in that condition.</p> <p>Interview on 2/20/26 with the Case Manager revealed: -"All the other programs on campus have been remodeled except that home. There is a plan to remodel that home by the summer ..."</p>	V 736	<p>The maintenance department has replaced the handle on the resident's sink. This was completed on 2/21/2026</p> <p>Our maintenance department and President will be conducting quarterly inspections of all facilities to ensure that issues like this do not occur again.</p>	<p>2/21/2026</p> <p>3/23/2026</p>