

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MICHAEL'S ANGELS HOME OF HEALING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST PITT STREET TARBORO, NC 27886
--	--

(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 survey was completed on 4/13/26. Deficiencies were 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>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</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, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 4/9/26 at 12:07PM revealed:</p> <ul style="list-style-type: none"> - Facility entry door had a burnt orange mark approximately 4 inches tall and 4 inches wide - Floor to the left of the back door of the facility was separated from the wall approximately 1/2 inch and was lifted approximately 1/4 inch where the floor met the door frame - Vinyl flooring in the room that was used as a walkway to go from one side of the facility to the other did not lay flat with areas that were lifted between 1/8 and 2 inches from the floor in a wave-like appearance beginning in the corner of the room to the right of the window extending 	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MICHAEL'S ANGELS HOME OF HEALING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST PITT STREET TARBORO, NC 27886
--	--

(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 736	<p>Continued From page 1</p> <p>approximately 2 feet from the wall and across the six-foot wide room and approximately 6 feet down the floor below the wall on the left extending about 9 inches from the wall on the left</p> <ul style="list-style-type: none"> - Kitchen drawer to the left of the sink was missing the track on the right side and was sitting at a downward angle in its spot <p>Interview on 4/9/26 staff #1 reported:</p> <ul style="list-style-type: none"> - Had not noticed anything at the facility that needed to be repaired or cleaned - Did not know what was wrong with the floors or the kitchen drawer at the facility - When staff noticed something that needed to be repaired, they reported it to the Corporate Compliance Officer (CCO) or the Associate Professional (AP) - Staff and the clients cleaned the facility, but the staff were responsible for ensuring the facility was clean <p>Interview on 4/9/26 the Acting Associate Professional reported:</p> <ul style="list-style-type: none"> - Was filling-in for the AP who was on leave and had just started filling in on 4/9/26 - Was not aware of any issues at the facility <p>Interview on 4/9/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Had not noticed anything at the facility that needed to be cleaned or repaired - The AP was responsible for contacting administration about any repairs that were needed at the facility - The clients "do their chores" and "the staff oversee their chores" to ensure the facility is cleaned <p>Interview on 4/10/26 the Licensed Professional reported:</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MICHAEL'S ANGELS HOME OF HEALING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST PITT STREET TARBORO, NC 27886
--	--

(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 736	<p>Continued From page 2</p> <ul style="list-style-type: none"> - The AP was responsible for ensuring the maintenance and cleanliness of the facility - The staff were responsible for notifying the AP if they noticed something that needed to be repaired <p>Interviews on 4/9/26 and 4/10/26 the CCO reported:</p> <ul style="list-style-type: none"> - Had not noticed anything and had not been contacted about anything at the facility that needed repaired - The floor in the walkway was one large piece that had shifted and needed to be moved back into place - Staff should notify the AP if something needed repaired and the AP would notify administration - The AP was out on leave until 4/13/26 - "We (facility) have a maintenance team" they call when something needs repaired - The staff were responsible for ensuring the facility was cleaned <p>Attempts to contact the AP on 4/13/26 by phone and text message were unsuccessful due to no return communication</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MICHAEL'S ANGELS HOME OF HEALING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST PITT STREET TARBORO, NC 27886
--	--

(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 752	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the temperature of the hot water was maintained between 100-116 degrees Fahrenheit (°F). The findings are:</p> <p>Observation on 4/9/26 at approximately 12:17PM revealed:</p> <ul style="list-style-type: none"> - Water temperatures <ul style="list-style-type: none"> - Client #1 and #2's shared half-bathroom sink was 166°F - Kitchen sink was 166°F - Bathroom sink on the left was 170°F - Bathroom sink on the right was 170°F - Bathroom bathtub was 173°F - White steam rose from each water source <p>Interview on 4/9/26 client #1 reported:</p> <ul style="list-style-type: none"> - Had been at the facility "like 4 or 5 months" - The water at the facility had been "just a little bit too hot ...like 2 or 3 times" when "I just stuck my hand it was a little hot, so I pulled it back out and readjusted" but there was never a mark on his skin, and he did not report it to staff because the water "won't that hot" <p>Interview on 4/9/26 client #2 reported:</p> <ul style="list-style-type: none"> - Had been at the facility "7 or 8 months" - The water at the facility had never been too hot because "I know how to control it so it's not bad" - Had never felt burned by the water and had never heard any other clients complain about the water temperatures at the facility or being burned <p>Interview on 4/9/26 staff #1 reported:</p> <ul style="list-style-type: none"> - Had worked at the facility for "a year and a 	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MICHAEL'S ANGELS HOME OF HEALING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST PITT STREET TARBORO, NC 27886
--	--

(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 752	<p>Continued From page 4</p> <p>couple of months"</p> <ul style="list-style-type: none"> - Clients set their own water temperatures at the facility - No clients had complained about the water being too hot and no client had been burned - Had not noticed the water being too hot because he used both knobs to set the water temperature <p>Interview on 4/9/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Had been the QP at the facility since 1/9/26 - No clients had complained about the water temperature at the facility, and she had not heard of any clients being burned <p>Interview on 4/10/26 the Licensed Professional (LP) reported:</p> <ul style="list-style-type: none"> - Had been the LP at the facility since January 2023 - No clients or staff had reported the water being too hot at the facility - No clients had been burned by the water at the facility <p>Interviews on 4/9/26 and 4/10/26 the Corporate Compliance Officer (CCO) reported:</p> <ul style="list-style-type: none"> - The only complaint she remembered from the clients about the water temperature was that it was too cold - Had not received any reports from clients or staff that the water at the facility was too hot - Staff were responsible for notifying the administration if there was a problem at the facility and "we (administration) would have expected any worker (staff) that had seen there was steam to contact us" - "They (clients) said they turn on both of them (hot and cold control knobs) so they didn't know" that the water was too hot 	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-144	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MICHAEL'S ANGELS HOME OF HEALING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 313 EAST PITT STREET TARBORO, NC 27886
--	--

(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 752	<p>Continued From page 5</p> <p>Review on 4/9/26 of the Plan of Protection signed by the CCO and dated 4/9/26 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ul style="list-style-type: none"> - Immediate Corrective Actions <ul style="list-style-type: none"> - Temperature Adjustment (Maintenance Team) within 1hr (hour) of discovery (Already Completed) - A licensed plumber or maintenance professional will inspect the water heater to ensure there is no malfunction or risk of temperature rising unexpectedly. (within 24 hrs (hours)) <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - Temperature monitoring <ul style="list-style-type: none"> - Check daily for one week; weekly checks after that. Associate Professionals will be responsible for supervision - Train staff on the importance of maintaining safe water temperatures and how to check temperatures in the facility 4-15-2026 (Refresher courses every 6 mths (months)). - Inform children (clients) on New Procedures and steps taken to correct it. Give the clients assurance that we are committed to their safety and comfort, safety audits." <p>This facility serves clients aged 12 to 14 years old with diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, and Conduct disorder. The hot water temperatures on 4/9/26 ranged from 166 degrees Fahrenheit to 173 degrees Fahrenheit at water sources utilized by clients. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.</p> 	V 752		