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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	RED.		(X3) DATE SURVEY COMPLETED						
741012741	or definition	IDENTIFICATION NOMBER.	A. BUILDING: _		OOIVII EETED						
		MHL090-169	B. WING		01/09/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
MONROE CRISIS RECOVERY CENTER 1408 EAST FRANKLIN STREET MONROE, NC 28112											
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE						
V 000	INITIAL COMMENTS		V 000								
	on 1/9/19. The compl (Intake #NC143563). This facility is licensed	aint survey was completed aint was unsubstantiated A deficiency was cited. d for the following service 27G 5000 Facility Based									
	Crisis Services for All Disability Groups										
V 752	2752 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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.		V 752								
		as and interviews, the facility eas of the facility where to hot water, the ater was maintained									
	bathroom was 88 deg	e in shower #2 in the men's rees Fahrenheit; e in the sink in the kitchen									
	Interviews on 1/9/19 v revealed: -they had plenty of ho	with clients #1, #2 and #3 of water for showers;									

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

TITLE (X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			X3) DATE SURVEY COMPLETED	
		MHL090-169	B. WING		01	/09/2019	
	ROVIDER OR SUPPLIER CRISIS RECOVERY CEN	ITER 1408 EA	NDDRESS, CITY, STAT ST FRANKLIN ST E, NC 28112				
(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	-had no concerns reg Interview on 1/9/19 w revealed: -maintenance staff he -hot water temperatur range;	arding hot water.	V 752				

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STATE FORM DDT511 If continuation sheet 2 of 2