Division of Health Service Regulation

| | | (X1) PROVIDER/SU IDENTIFICATIO | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|--|---|--|--|--|--|-------------------------------|--------------------------|--|
| MHL063-081 | | B. WING | | | R 03/06/2019 | | | |
| NAME OF F | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| PORT HEALTH SERVICES - ABERDEEN 204 B PINE STREET ABERDEEN, NC 28315 | | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIE | ED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY) | OULD BE | (X5) COMPLETE DATE | |
| V 000 | V 000 INITIAL COMMENTS | | | V 000 | | | | |
| | An annual and follo on March 6, 2019. A This facility is licens category: 10A NCA Living for Minors wi Dependency. | A deficiency was sed for the follow C 27G .5600D S | cited. ving service Supervised | | | | | |
| V 736 | 27G .0303(c) Facility 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and maintained in a safe manner and shall be odor. | 803 LOCATION A REMENTS I its grounds sha e, clean, attracti | AND all be ve and orderly | V 736 | | | | |
| | This Rule is not me Based on observati failed to ensure fac in a clean, safe and findings are: Observation on 3/6, area revealed: -Laminate flooring hamage and lamina edges revealing pre | on and interview ility grounds wer attractive mann /19 at 1:00 PM on at at been safets had bee | y, the facility re maintained ner. The of the dinning n water anded on | | | | | |
| | Observation on 3/6/2 bedroom to the left -Paint on door was paint was noted. Observation on 3/6/2 the left revealed: | revealed: peeling off. Disc | coloration of | | | | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | | |
|--|---|--|---------------------|--|-----------------------------------|--------------------------|--|--|
| MHL063-081 | | B. WING | | | R 03/06/2019 | | | |
| | NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - ABERDEEN STREET ADDRESS, CITY, STATE, ZIP CODE 204 B PINE STREET ABERDEEN, NC 28315 | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | | |
| V 736 | -Tiles on the bottom were discolored. PascumSink to the right was came out. Observation on 3/6, bedroom to the left -Dented patch-up of and paintedExposed sheet roof framePaint on door was paint was noted. Observation on 3/6, bedroom to the right -Paint on door was paint was noted. Observation on 3/6, bedroom to the right -Paint on door was paint was noted. Interview on 3/6/19 -She was aware of -She was aware of -She had placed ar floorsShe was aware that was non functionalOne of the resident basket underneath drainage pipe. Water replacedShe would have mup work from wall a frame. | n of floor leading to the shower aint was stained/dirty with as non functional. No water 1/19 at 1:10 PM of second revealed: on wall needed to be redone exk edges around the door peeling off. Discoloration of 1/19 at 1:13 PM of second at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. Discoloration of 1/19 at 1:15 PM of first at revealed: peeling off. | | | | | | |

Division of Health Service Regulation

STATE FORM 6899 42KE11 If continuation sheet 2 of 3

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|---------------------|---|------------|-------------------------------|--|
| DI ENTOI GONNEGIION | | | A. BUILDING: | | | R | |
| MHL063-081 | | B. WING | B. WING | | 03/06/2019 | | |
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| V 736 | Continued From pa | ige 2 | V 736 | | | | |
| | -She confirmed that the facility failed to ensure grounds were maintained in a clean, safe and attractive manner. | | | | | | |
| | This deficiency con and must be correct | stitutes a re-cited deficiency cted within 30 days. | | | | | |
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