Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	NSTRUCTION (X3) DATE COMP		
		MHL063-080	B. WING		03/0	6/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PORT HEALTH SERVICES - ABERDEEN DAY T							
		ABERDEE	EN, NC 2831				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and com on March 6, 2019. Substantiated (intak Deficiencies were co	te #NC00148367).					
	10A NCAC 27G .14	sed for the following category: 00 Day Treatment for Children th Emotional Disturbance.					
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	failed to ensure faci	et as evidenced by: on and interview, the facility ility grounds were maintained I attractive manner. The					
	room (Group Room	/19 at 1:30 PM of the right side 1) revealed: 1) revealed: 2) Dirty.					
	room (Classroom) r	/19 at 1:32 PM of the left side revealed: but. Missing strips. Dirty.					
	Observation on 3/6/revealed:	/19 at 1:35 PM of the hallway					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL063-080	B. WING		03/0	6/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PORT HE	EALTH SERVICES - A	BERDEEN DAY T	TH PINE STR EN, NC 2831			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 736	Continued From page 1		V 736			
	-Carpet was dirty. Unvacuumed. Debris/pieces of paper observed on the carpet. Observation on 3/6/19 at 1:37 PM of bathroom #1 revealed: -Tiles on the floor were broken/cracked. Observation on 3/6/19 at 1:41 PM of bathroom #2 revealed:					
	Interview on 3/6/19 -She was aware of -She had placed ar -Staff were suppositionsShe would have st -She would have te turned downShe confirmed tha	with the Director revealed: carpet's conditions. n order to change the carpets. ed to sweep and vacuum the caff vacuum carpet floors. emperature from water heater at the facility failed to ensure stained in a clean, safe and				
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each faconstructed and equensures the physic visitors. (4) In areas (exposed to hot wat	ot Water Temperatures 304 FACILITY DESIGN AND acility shall be designed, quipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the attained between 100-116 t.	V 752			
		et as evidenced by: ion and interviews the facility				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL063-080	B. WING		03/0	06/2019	
NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - ABERDEEN DAY T 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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 752	failed to maintain the between 100-116 defindings are: Observation on 3/6, The sink water temes are read to be served and the served and the served are read to be served as the served and the served are read to be served as the served as t	re facility water temperature egrees Fahrenheit. The /19 of bathroom #1 revealed: hperature was 119 degrees /19 of bathroom #2 revealed: hperature was 119 degrees with the Director revealed: e water temperature adjusted in the required water of 100-116 degrees able to regulate water elves. facility failed to maintain the rature between 100-116	V 752				

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