PRINTED: 03/08/2019 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL063-081 03/06/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **204 B PINE STREET PORT HEALTH SERVICES - ABERDEEN** ABERDEEN, NC 28315 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow-up survey was completed RECEIVED on March 6, 2019. A deficiency was cited. By DHSR - Mental Health Lic. & Cert. Section at 8:47 am, Apr 02, 2019 This facility is licensed for the following service category: 10A NCAC 27G .5600D Supervised Living for Minors with Substance Abuse Dependency. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:

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

area revealed:

paint was noted.

the left revealed:

Observation on 3/6/19 at 1:00 PM of the dinning

-Laminate flooring had buckled from water

Observation on 3/6/19 at 1:02 PM of first

-Paint on door was peeling off. Discoloration of

Observation on 3/6/19 at 1:05 PM of bathroom to

edges revealing pressed materials.

bedroom to the left revealed:

'avril

damage and laminates had been sanded on

TITLE

Doors will be repainted by 4-5-19

The repair/replacement of laminate

flooring is being discussed with the owner

of the facility. This wil be complete by

4-5-19, and work will be completed by

(X6) DATE

COO

5-5-19.

4-1-19

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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						
			7 t. BOILBING.		F	₹					
		MHL063-081	B. WING			6/2019					
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE							
PORT HEALTH SERVICES - ABERDEEN 204 B PINE STREET ABERDEEN, NC 28315											
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)											
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		COMPLETE DATE					
V 736	Continued From page 1		V 736								
	-Tiles on the bottom of floor leading to the shower were discolored. Paint was stained/dirty with scum.			Tiles have been cleaned							
		as non functional. No water		Sink is working (see photo attached)							
	Observation on 3/6/19 at 1:10 PM of second bedroom to the left revealed: -Dented patch-up on wall needed to be redone and paintedExposed sheet rock edges around the door framePaint on door was peeling off. Discoloration of paint was noted. Observation on 3/6/19 at 1:13 PM of second bedroom to the right revealed: -Paint on door was peeling off. Discoloration of paint was noted.			Sheetrock has been repaired. Repainting of sheetrock and doors will be complete by 4-5-19.							
	bedroom to the righ	/19 at 1:15 PM of first nt revealed: peeling off. Discoloration of									
	-She was aware of -She had placed ar floors. -She was aware tha was non functional. -One of the residen	with the Director revealed: laminate flooring's conditions. It order to change the laminate at one of the sink in bathroom the task accidentally push a the sink and broke the		Drain pipe has been repaired.							
	drainage pipe. WatereplacedShe would have mup work from wall a frame.	er had been turned off until aintenance staff re-do patch and sheet rock around door aintenance staff re-paint the									

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			A. BUILDING	:		₹						
		MHL063-081	B. WING)6/2019						
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V 736	Continued From pa	ige 2	V 736									
		t the facility failed to ensure tained in a clean, safe and										
	This deficiency con and must be correct	stitutes a re-cited deficiency cted within 30 days.										

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