	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	MHL078-282		A. BUILDING:			
			B. WING		0	R 5/21/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
UMBERT	ON TREATMENT CENT	ER	YBOURN CHURCH RTON, NC 28358	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
		-				
	This facility is license 10A NCAC 27G .360 Treatment.	d for the following category: 0 Outpatient Opioid				
	The census at the tin	ne of the survey was 311.				
V 238	27G .3604 (E-K) Out	pt. Opiod - Operations	V 238			
	TREATMENT. OPER(e) The State Authorapproval on the follow(1) compliancelaw and regulations;(2) compliancestandards of practice	ity shall base program wing criteria: with all state and federal with all applicable				
	service delivery; and (4) impact on t treatment services in (f) Take-Home Eligib comprehensive main	he delivery of opioid the applicable population. ility. Any client in tenance treatment who				
	methadone or other r treatment of opioid a specified requiremen	ed or take-home use of nedications approved for ddiction must meet the ts for time in continuous t must also meet all the				
	requirements for com and must demonstrat the specified time pe any level increase. In year of continuous tra	tinuous program compliance te such compliance during riods immediately preceding n addition, during the first eatment a patient must two counseling sessions per				
		year and in all subsequent				

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

(X6) DATE

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY	
			A. BUILDING:				
	MHL078-282		B. WING			R / 21/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
UMBERT	ON TREATMENT CENT	ER		ROAD			
	JMBERTON TREATMENT CENTER 2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358						
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) IDEFICIENCY IDENTIFYING INFORMATION		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
V 238	Continued From page	e 1	V 238				
	attend a minimum of month.(1)Levels of E following conditions:(A)Level 1. Du continuous treatment limited to a single do shall ingest all other the clinic;(B)Level 2. At continuous program granted for a maximu and shall ingest all ot at the clinic each weak (C)(C)Level 3. At treatment and a minic continuous program client may be granted take-home doses and under supervision at	fter 180 days of continuous mum of 90 days of compliance at level 2, a d for a maximum of four d shall ingest all other doses the clinic each week; ter 270 days of continuous					
	continuous program client may be granted take-home doses and under supervision at (E) Level 5. At treatment and a mini	compliance at level 3, a d for a maximum of five d shall ingest all other doses the clinic each week; fter 364 days of continuous					
	granted for a maximu and shall ingest at le- supervision at the clii (F) Level 6. At treatment and a mini continuous program	um of six take-home doses ast one dose under nic each week; fter two years of continuous					
	take-home doses and	d shall ingest at least one on at the clinic every 14					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
	MHL078-282 B. WING					R
			05	5/21/2019		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
LUMBERT	ON TREATMENT CENT	FR	YBOURN CHURCH	ROAD		
		LUMBEI	RTON, NC 28358			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 238	Continued From page	e 2	V 238			
	treatment and a mini continuous program granted for a maximu and shall ingest at les supervision at the clin (2) Criteria for Reinstatement of Tak (A) A client's ta or suspended for evid A client who tests po within a 90-day perior reduction of eligibility (B) A client wh screens within the sa all take-home eligibility (C) The reinsta eligibility shall be det Opioid Treatment Pro (3) Exceptions (A) A client in the continuous treatment the applicable manda exceptional circumsta personal or family cri- may be permitted a ta by the State authority found to be responsii Except in instances i verifiable physical dis of 13 take-home dos period during the first treatment. (B) A client wh applicable mandatory	nic every month. Reducing, Losing and ke-Home Eligibility: ke-home eligibility is reduced dence of recent drug abuse. sitive on two drug screens d shall have an immediate y by one level of eligibility; o tests positive on three drug ame 90-day period shall have ity suspended; and atement of take-home ermined by each Outpatient ogram. to Take-Home Eligibility: ne first two years of t who is unable to conform to atory schedule because of ances such as illness, sis, travel or other hardship emporarily reduced schedule y, provided she or he is also ble in handling opioid drugs. nvolving a client with a sability, there is a maximum es allowable in any two-week t two years of continuous o is unable to conform to the y schedule because of a sability may be permitted				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
MHL078-282 B. WING		B. WING		05	R 5/ 21/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
UMBERT	ON TREATMENT CENT	ER		ROAD		
LUMBERTON TREATMENT CENTER 2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ENTER LUMBERTON, NC 28358		(X5) COMPLET DATE		
V 238	Continued From page 3 take-home eligibility due to a verifiable physical		V 238			
	• •	nted up to a maximum				
		e-home medication and shall				
	make monthly clinic	visits.				
	 Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according 					
	to the following:	(A) An additional one-day supply of				
	methadone or other medications approved for the					
	treatment of opioid addiction may be dispensed					
	to each eligible client (regardless of time in					
	treatment) for each state holiday.					
	(B) No more than a three-day supply of					
	. ,	medications approved for the				
		ddiction may be dispensed				
	to any eligible client l	pecause of holidays. This				
	restriction shall not apply to clients who are					
	-	medications at Level 4 or				
	above.					
		Medications For Use In				
		he risks and benefits of				
		nadone or other medications				
		pioid treatment shall be				
	discussed with each client at the initiation of treatment and annually thereafter.					
		Random testing for alcohol				
		be conducted on each				
		nt client with a minimum of				
		t each month of continuous				
	treatment. Additiona	lly, in two out of each				
	-	f a client's continuous				
	-	t least one random drug test				
		program staff. Drug testing is				
	to include at least the					
	methadone, cocaine,					
	amphetamines, THC	, penzodiazepines and	1			1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R		
			к 5/21/2019				
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE			
UMBERT	ON TREATMENT CENT	ER	YBOURN CHURCH	ROAD			
		LUMBEI	RTON, NC 28358				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 238	Continued From pag	e 4	V 238				
	alcohol. Alcohol test by either urinalysis, b alternate scientifically (i) Client Discharge F be discharged from t dependent upon met approved for use in o client is provided the the drug. (j) Dual Enrollment F outpatient opioid add which dispense Meth Levo-Alpha-Acetyl-M pharmacological age Drug Administration f addiction subsequen required to participat Registry or ensure th enrolled by means of exchange with all op within at least a 75-m program. Programs participate in a comp Management and Wa System as establishe State Authority for Op (k) Diversion Contro Opioid Treatment Pro required to establish control plan as part o shall document the p procedures. A divers the following elemen (1) dual enrollit that consist of client p registry or list exchar	ing results can be gathered preathalyzer or other y valid method. Restrictions. No client shall he facility while physically hadone or other medications opioid treatment unless the opportunity to detoxify from Prevention. All licensed liction treatment facilities hadone, lethadol (LAAM) or any other int approved by the Food and for the treatment of opioid t to November 1, 1998, are e in a computerized Central hat clients are not dually f direct contact or a list hoid treatment programs hile radius of the admitting are also required to uterized Capacity haiting List Management ed by the North Carolina pioid Treatment. I Plan. Outpatient Addiction ograms in North Carolina are and maintain a diversion of program operations and lan in their policies and sion control plan shall include ts: ment prevention measures consents, and either articipation in the central nges; bottle checks, bottle returns					

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PRINTED: 05/24/2019 FORM APPROVED

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
MHL078-282		B. WING		0	R 5/21/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
UMBERT	ON TREATMENT CENT	FR	YBOURN CHURCH RTON, NC 28358	ROAD		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	COMPLET
V 238	Continued From pag	e 5	V 238			
	 (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication. 					
	interviews, the facility implemented policies home dosages affect (#15) and failed to ac as ordered by a physic	as evidenced by: view, observations and y failed to ensure staff s and procedures on take ting 1 of 15 current clients dminister a breathalyzer test sician for 2 of 15 current 247). The findings are:				
	Finding #1: Review on 01/09/19 revealed: - 52 year old male.	of client #15's record				
	- Admission date of 1 - Diagnoses of Opiat Traumatic Stress Dis Disorder.	10/20/11. e Use Disorder-Severe, Post sorder and Stimulant Use s - 64 milligrams (mg)				
	Methadone - may tap hold at 40mg or upor	ber 1mg every 2 weeks and n client request.				
		- Amphetamines. - Amphetamines.				

Division of Health Service Regulation STATE FORM

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If continuation sheet 6 of 9

MHL078-282 B. WING R 05/21/2 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LUMBERTON TREATMENT CENTER 2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE COMP	SURVEY LETED
MHL078-282 B. WING O5/21/2 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, GITY, STATE, ZIP CODE 2200 GLYBOURN CHURCH ROAD LUMBERTON TREATMENT CENTER 2200 GLYBOURN CHURCH ROAD LUMBERTON, NC 28358 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 0 V 238 Continued From page 6 V 238 V 238 Review on 01/09/19 of client #15's Patient Medication Record for October 2018 through December 2018 revealed the following dates of take home doses: - 10/13/18 and 10/24/18. - 10/22/18 and 10/24/18. - 11/02/18 and 11/04/18. - 11/22/18. -				A. BUILDING:			
220 CLYBURN CHURCH ROAD LUMBERTON, NC 28358 (Y4) 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 DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) OF CORRECTION (EACH DEFICIENCY) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) V 238 Continued From page 6 V 238 Review on 01/09/19 of client #15'S Patient Medication Record for October 2018 through December 2018 revealed the following dates of take home doses: - 10/13/18 and 10/24/18. - 10/20/18 and 10/24/18. - 10/27/18 and 10/24/18. - 11/24/18 and 11/14/18. - 11/12/18 and 11/14/18. - 11/22/18 and 11/11/18/18. - 11/22/18 and 11/16/18. - 12/02/18 and 12/09/18. - 12/02/18 a		MHL078-282		B. WING			R 21/2019
UMBERTON TREATMENT CENTER LUMBERTON, NC 28358 (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) 0 V 238 Continued From page 6 V 238 V 238 In PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECT TO THE APPROPRIATE DEFICIENCY) 0 V 238 Review on 01/09/19 of client #15's Patient Medication Record for October 2018 through December 2018 revealed the following dates of take home doses: - 10/13/18 and 10/21/18. - 110/27/18 and 11/04/18. - 11/02/18 and 11/04/18. - 11/10/18 and 11/18/18. - 11/12/18. - 11/12/18 and 11/18/18. - 11/12/18. - 11/22/18. - 11/22/18. - 11/22/18. - 11/22/18. - 11/22/18 and 12/23/18. Interview on 01/09/19 client #15 stated: - She had been receiving services for 8 years at the facility. - She was currently tapering her dose of methadone. In	NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
PHEFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY) V 238 Continued From page 6 V 238 Review on 01/09/19 of client #15's Patient Medication Record for October 2018 through December 2018 revealed the following dates of take home doses: - 10/13/18 and 10/21/18. - 10/20/18 and 10/21/18. - 11/20/18 and 11/28/18. - 11/10/18 and 11/11/18. - 11/10/18 and 11/11/18. - 11/12/18. - 11/22/18. - 11/22/18. - 11/22/18. - 11/22/18. - 12/22/18 and 12/23/18. Interview on 01/09/19 client #15 stated: - She had been receiving services for 8 years at the facility. - She was currently tapering her dose of methadone. Interview on 01/09/19 client #15 stated: - She was currently tapering her dose of	UMBERT	ON TREATMENT CENT	ER		ROAD		
Review on 01/09/19 of client #15's Patient Medication Record for October 2018 through December 2018 revealed the following dates of take home doses: - 10/13/18 and 10/14/18. - 10/20/18 and 10/21/18. - 10/27/18 and 10/28/18. - 11/03/18 and 11/04/18. - 11/10/18 and 11/104/18. - 11/17/18 and 11/18/18. - 11/12/18. - 11/12/18. - 11/22/18. - 11/22/18. - 11/22/18 and 12/29/18. - 12/22/18 and 12/29/18. - 12/22/18 and 12/23/18. Interview on 01/09/19 client #15 stated: - She had been receiving services for 8 years at the facility. - She was currently tapering her dose of methadone.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLET DATE
Medication Record for October 2018 through December 2018 revealed the following dates of take home doses: - 10/13/18 and 10/14/18. - 10/20/18 and 10/21/18. - 10/27/18 and 10/28/18. - 11/03/18 and 11/04/18. - 11/17/18 and 11/11/18. - 11/17/18 and 11/11/18. - 11/22/18. - 11/22/18. - 11/22/18. - 12/08/18 and 12/09/18. - 12/22/18 and 12/09/18. - 12/22/18 and 12/23/18. Interview on 01/09/19 client #15 stated: - She had been receiving services for 8 years at the facility. - She was currently tapering her dose of methadone.	V 238	Continued From page 6		V 238			
 She was eligible for more take homes but medicaid would not cover take homes. Interview on 01/10/19 Certified Substance Abuse Counselor - Registered (CSAC-R) #1 stated: She had worked at the facility since 10/2018. Clients had to qualify for take homes and the facility used an 8 point criteria for eligibility. Client needed to have 3 months of negative urine drug screens for take homes. Interview on 01/10/19 the Program Director stated: Client #15 had not received take homes since 12/24/18. 		Medication Record for December 2018 rever- take home doses: - 10/13/18 and 10/14. - 10/20/18 and 10/21. - 10/27/18 and 10/28. - 11/03/18 and 11/04/ - 11/10/18 and 11/14/ - 11/17/18 and 11/18/ - 11/22/18. - 11/22/18. - 11/24/18 and 12/09. - 12/22/18 and 12/23. Interview on 01/09/19. - She had been recei- the facility. - She was currently ta- methadone. - She had take home - She had to qualifi facility used an 8 poir - Client needed to ha urine drug screens for Interview on 01/10/19 stated: - Client #15 had not r	or October 2018 through valed the following dates of /18. /18. /18. /18. /18. /18. /18. /18.				

Division of Health Service Regular STATE FORM

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If continuation sheet 7 of 9

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CC			SURVEY PLETED	
			A. BUILDING:		R	
		MHL078-282	B. WING		05	к /21/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
JMBERT	ON TREATMENT CENT	ER	YBOURN CHURCH RTON, NC 28358	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 238	Continued From pag	ie 7	V 238			
	revealed: - 48 year old male. - Admission date of - Diagnoses of Opiat - Breathalyzer results Review on 01/10/19 order dated 11/28/18 - "Breathalyze 3 (tim B. Review on 01/09/ revealed: - 36 year old female. - Admission date of - Diagnoses of Opiat - No documented bre documented. Review on 01/09/19 for client #1247 date - "Breathalyze Sature in general as she (cli	te Use Disorder. s on 12/24/18 and 01/07/19. of client #994's physician B revealed: es a) week for 30 days" 19 of client #1247's record 10/02/18. te Abuse Disorder-Severe. eathalyzer results of a signed physician order d 10/02/18 revealed: day's and Sunday's (weekend ient #1247) endorses				
	Interview on 01/09/1 Director stated: - She was not able to breathalyzer results - Client #1247's reco meeting on 01/09/19	ord was reviewed in a staff				
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752			

STATE FORM

MHL078-282 B. WING	SURVEY LETED
UMBERTON TREATMENT CENTER 200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358 (M4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST DE PRECEDED DE VPLLL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX FAG PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION SPONDED) V 752 Continued From page 8 V 752 10A NCAC 27G.0304 FACILITY DESIGN AND EQUIPMENT V 752 (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. V 752 (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. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Doservations on 12/09/19 between 10:00am and 10:30am revealed: -Hall bathroom #1 water temperature read 72 degrees Fahrenheit in the sink.	R 21/2019
UMBERTON TREATMENT CENTER LUMBERTON, NC 28358 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION ECONS (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 752 Continued From page 8 V 752 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT V 752 (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. V 752 (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. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observations on 12/09/19 between 10:00am and 10:30am revealed: -Hall bathroom #1 water temperature read 72 degrees Fahrenheit in the sink.	
(X4) ID TAG SUMMARY STATEMENT OF DEFICIENCES ID (EACH DEFICIENCY MUST BE PRECEDEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 752 Continued From page 8 V 752 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT V 752 (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. V 752 (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. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observations on 12/09/19 between 10:00am and 10:30am revealed: -Hall bathroom #1 water temperature read 72 degrees Fahrenheit in the sink.	
MARCH (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) V 752 Continued From page 8 V 752 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT V 752 (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. V 752 (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. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observations on 12/09/19 between 10:00am and 10:30am revealed: -Hall bathroom #1 water temperature read 72 degrees Fahrenheit in the sink.	
10A NCAC 27G. 0.304 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. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observations on 12/09/19 between 10:00am and 10:30am revealed: -Hall bathroom #1 water temperature read 72 degrees Fahrenheit in the sink.	(X5) COMPLE DATE
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. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observations on 12/09/19 between 10:00am and 10:30am revealed: -Hall bathroom #1 water temperature read 72 degrees Fahrenheit in the sink.	
-Hall bathroom #2 water temperature read 120 degrees Fahrenheit in the sink. Interview on 12/09/18 the Program Director stated: -She would make sure the temperature was adjusted to proper range.	