STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL026-924		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:			R	
		B. WING			к 06/20/2019		
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
RECIO	JS HAVEN #2		NCHO COURT EVILLE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC <sup>1</sup>	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	on June 20, 2019. unsubstantiated (in Deficiencies were of This facility is licens	take #NC00152632). cited. sed for the following service					
		C 27G .1700 Residential cure for Children and					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly be kept free from offensive	,				
		ion and interview, the facility I in a safe, clean, attractive					
	<ul> <li>A kitchen floor ver the washing machin mark. One drawer i handle.</li> <li>The linoleum floor</li> </ul>	20/19 at 10:00am revealed: nt was rusty. The ceiling above ne had a large brown spatter in the kitchen did not have a r behind the dining room table					
	the window blinds. a crack.	om revealed 4 broken slats in The bottom window pane had					
		om door revealed a crack in cle in the room was cracked.					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-924		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		R 06/20/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S <sup>-</sup>	TATE, ZIP CODE		
PRECIO	US HAVEN #2		ICHO COURT VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 736	<ul> <li>Client #1 and #4's sized crack. A beds window blind had 4</li> <li>The hallway overhappeared soiled.</li> <li>Interview on 06/20/</li> <li>Client #2 had crace #2 wanted to fix the She would follow the exit.</li> <li>[This deficiency cordination]</li> </ul>	bedroom door had a softball side table was broken. The broken slats head return vent was rusty and 19 the Licensee stated: cked her bedroom door. Client	V 736			
V 752	<ul> <li>27G .0304(b)(4) Hot Water Temperatures</li> <li>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</li> <li>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</li> <li>(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.</li> </ul>		V 752			
	failed to maintain th 100-116 degrees Fa Observation on 06/ 10:00am revealed: - The hot water terr was 122 degrees F	ion and interview, the facility ne water temperature between ahrenheit. The findings are: 20/19 at approximately operature in the kitchen faucet				

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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	
			A. BUILDING:			R
		MHL026-924	B. WING			20/2019
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
PRECIO	US HAVEN #2		NCHO COURT EVILLE, NC 28			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 752	Continued From page 2		V 752			
	used by the clients, was 120 degrees Fahrenheit.					
	<ul> <li>The hot water tem from the last survey</li> <li>Someone may ha</li> <li>She would ensure</li> </ul>	Interview on 06/20/19 the Licensee stated: - The hot water temperature had been corrected from the last survey. - Someone may have increased the temperature. - She would ensure the water temperature was maintained as required by rule.				
		nstitutes a re-cited deficiency ted within 30 days.]				
V 774	27G .0304(d)(7) Mi	nimum Furnishings	V 774			
	EQUIPMENT (d) Indoor space re prior to October 1, square footage req time. Unless otherv residential facilities 1988 shall meet the requirements: (7) Minimum furnisl include a separate	804 FACILITY DESIGN AND quirements: Facilities licensed 1988 shall satisfy the minimum uirements in effect at that vise provided in these Rules, licensed after October 1, e following indoor space hings for client bedrooms shall bed, bedding, pillow, bedside for personal belongings for	1			
	failed to maintain m	et as evidenced by: on and interview, the facility inimum furnishings for client 2 of 4 clients (#1 and #4).				
	Observation on 06/	20/19 at approximately				

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		MHL026-924	B. WING			к 20/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PRECIOU	JS HAVEN #2		NCHO COURT EVILLE, NC 28			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 774	Continued From page 3		V 774			
	<ul> <li>bedside table.</li> <li>The bed close to a bedside table.</li> <li>Interview on 06/20/</li> <li>The broken bedsi</li> <li>They would get at bed room.</li> <li>[This deficiency conditional statement of the statement of</li></ul>	s bedroom had one broken the bedroom door did not have (19 the Licensee stated: ide table would be replaced. nother bedside table for the nstitutes a re-cited deficiency cted within 30 days.]				
rision of H	ealth Service Regulation					