PRINTED: 10/14/2019 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL054-126 NAME OF PROVIDER OR SUPPLIER STREET			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		ADDRESS, CITY, STATE, ZIP CODE		10/11/2019		
NAME OF PR	ROVIDER OR SUPPLIER		& E SHACKLEFORI			
OAKWOO	D FACILITY		N, NC 28504			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLET O THE APPROPRIATE DATE	
∨ 000	INITIAL COMMENTS		V 000			
		v up survey was completed . A deficiency was cited.				
		ed for the following service C 27G .1900 Psychiatric nt for Children and				
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fac constructed and equ ensures the physical visitors. (4) In areas of exposed to hot wate	04 FACILITY DESIGN AND ility shall be designed, ipped in a manner that safety of clients, staff and the facility where clients are r, the temperature of the ained between 100-116				
	water temperatures 100-116 degrees Fa	as evidenced by: n and interview, the facility were not maintained between hrenheit in areas where d to hot water. The findings				
	approximately 2:50p - The shared hall bat	throom to the left side of the a hot water temperature of 88				
	approximately 3:05p	nen sink with a hot water				

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Division of Health Service Regula: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 10/11/2019	
		MHL054-126				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	D FACILITY	2002 D 8	E SHACKLEFOR	D ROAD		
		KINSTO	N, NC 28504			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE COMPLETE D THE APPROPRIATE DATE	
V 752	Continued From page 1 -The shared hall bathroom to the right side of the unit had a sink with a hot water temperature of 80 degrees Fahrenheit.		V 752			
	Services stated: -She was not sure w	varied in the unit and would				
	stated:	9 the Program Director o and address the hot water				
	F					
sion of Hea	alth Service Regulation					