PRINTED: 10/14/2019 FORM APPROVED

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	
AND I LAN OF CONNECTION		IDENTIFICATION TO MIDEN.	A. BUILDING:		JOHN EETES	
		MHL054-125	B. WING		10/11/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PINEWOO	D FACILITY	2002 A & B KINSTON,	SHACKLEFO NC 28502	RD 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RRECTIVE ACTION SHOULD BE COMP ERENCED TO THE APPROPRIATE DAY	
V 000	INITIAL COMMENTS		V 000			
	completed on Octobe was unsubstantiated deficiency was cited. This facility is license	and follow up survey was er 11, 2019. The complaint (intake #NC00156727). A d for the following service 227G .1900 Psychiatric at for Children and				
V 752	V 752 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 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.		V 752			
	water temperatures w 100-116 degrees Fah	as evidenced by: n and interview, the facility were not maintained between nrenheit in areas where to hot water. The findings				
	approximately 1:29pn	en sink with a hot water				
	approximately 2:06pm	A facility/unit on 10/09/19 at n revealed: en sink with a hot water				

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

TITLE (X6) DATE

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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					
		MHL054-125	B. WING		10	/11/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
PINEWOOD FACILITY 2002 A & B SHACKLEFORD ROAD KINSTON, NC 28502											
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE					
V 752	temperature of 120 de - The left bedroom ha water temperature of Interview on 10/09/19 Services stated: - She was not sure wh temperatures were va contact local resource Interview on 10/11/19 stated:	egrees Fahrenheit. Ilway sink and tub with hot 120 degrees Fahrenheit. Ithe Director of Residential by the hot water aried in the unit and would es.	V 752								

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