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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COIVIF	LETED
		MHL0601192	B. WING		12/	04/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MCALWAY	ROAD		WAY ROAD			
0/0.15	CLIMMADV CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF COR	PECTION	0/5
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION 3 CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was Deficiencies were cite	s completed on 12-4-19. ed.				
	category: 10A NCAC	d for the following service 27G 5600A Supervised se Primary Diagnosis is a				
V 369	G.S. 122C-6 Smoking	g Prohibited	V 369			
	§ 122C-6 SMOKING PROHIBITED; PENALTY (a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product. As used in this section, "inside" means a fully enclosed area. (b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall: (1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it. (2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product. (3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice. (c) The Department may impose an administrative penalty not to exceed two hundred dollars (\$200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section.					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL0601192	B. WING		12/04/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MOALWAN	(DO A D	714 MCAL	WAY ROAD			
MCALWAY	RUAD	CHARLO	TTE, NC 28211			
(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 CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
V 369	Continued From page 1		V 369			
	A violation of this sectoffense only and is not (d) This section does psychiatric hospitals.	tion constitutes a civil ot a crime. not apply to State				
		n and interview the facility moking" sign in the facility to was prohibited in the				
	Observation on 12-4-19 at approximately 2:00 pm revealed: -There was not a "No Smoking" sign posted in the facility.					
	-They didn't have	with staff #1 revealed: e a "No Smoking" sign aad a designated smoking				
	revealed: -She agreed wit: have a "No Smoking" smoking area in the b	had a "No Smoking" sign				
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each facil	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that				

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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 A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601192	B. WING		12/04/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE, ZIP CODE	
MCALWA	/ ROAD		WAY ROAD TE, NC 28211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (X5) COMPLETE DATE		
V 752	ensures the physical svisitors. (4) In areas of t exposed to hot water, water shall be maintal degrees Fahrenheit. This Rule is not met a Based on observation failed to maintain hot degrees. The findings Observation on 12-4-revealed: -Hot water in the degrees. -Kitchen sink was -Shower bathroom si Interview on 12-4-19 revealed:	safety of clients, staff and the facility where clients are the temperature of the ined between 100-116 as evidenced by: and interview the facility water between 100 and 116 are: 19 at approximately 2:00 pm tub bathroom sink was 120 as 119 degrees. m sink was 118 degrees. nk was 119 degrees. with the facility manager acility maintenance man and	V 752		

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