Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL054-125	B. WING			C 28/2020
NAME OF PROVIDER OR SUPPLIER STRE			DDRESS, CITY, ST			
PINEWO	OD FACILITY		B SHACKLEF N, NC 28502	ORD ROAD		
(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 ACT CROSS-REFERENCED TO DEFICIENC	DN SHOULD BE COMPLET TE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	on February 28, 20 substantiated (intal complaint was unsu deficiency was cited This facility is licens	sed for the following service				
	category: 10A NCAC 27G .1900, Psychiatric Residential Treatment for Children and Adolescents.					
V 752	27G .0304(b)(4) Hot Water Temperatures		V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physic visitors. (4) In areas of exposed to hot wat	304 FACILITY DESIGN AND acility shall be designed, upped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the atained between 100-116 t.				
	water temperatures 100-116 degrees F	et as evidenced by: ion and interview, the facility were not maintained betweer ahrenheit in areas where ed to hot water. The findings	1			
	approximately 4:30 - The unit had a kite	A facility/unit on 2/26/20 at pm revealed: chen sink with a hot water degrees Fahrenheit.				
	Observations in the approximately 4:40	B facility/unit on 2/26/20 at pm revealed:				

113011

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA UDENTIFICATION NUMBER				CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL054-125		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		B. WING			C 02/28/2020	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NEWO	OD FACILITY		B SHACKLEF	ORD ROAD		
			N, NC 28502			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE AC' TAG CROSS-REFERENCED TO DEFICIENC		TION SHOULD BE COMPLET THE APPROPRIATE DATE	
V 752	Continued From page 1		V 752			
	- The left bathroom sink had a hot water temperature of 99 degrees Fahrenheit.					
	Residential Treatm -She was not sure temperatures conti they had been add survey.	0 the Director of Psychiatric ent Facility Services stated: why the hot water nued to vary in the unit, as ressed following the previous up to address the hot water				

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