## PRINTED: 03/09/2020 FORM APPROVED

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		MHL054-159			02/28/2020		
			DDRESS, CITY, ST				
MAPLEV	VOOD FACILITY		HACKLEFOR	DROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ST BE PRECEDED BY FULL PREFIX (EACH CORR		I OF CORRECTION (X5) ACTION SHOULD BE COMPLET TO THE APPROPRIATE DATE ENCY)		
V 000	INITIAL COMMENTS		V 000				
	on February 28, 20 unsubstantiated (in deficiency was cited This facility is licens category: 10A NCA	low up survey was completed 20. The complaint was take #NC00160111). A d. sed for the following service C 27G .1900, Psychiatric ent for Children and					
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas c exposed to hot wate	804 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116 t.					
vision of He	water temperatures 100-116 degrees Fa	et as evidenced by: on and interview, the facility were not maintained between ahrenheit in areas where ed to hot water. The findings					
	approximately 4:45 - The left bathroom	a 3A facility/unit on 2/26/20 at pm revealed: sink had a hot water degrees Fahrenheit.					
	approximately 4:45	a 3B facility/unit on 2/26/20 at pm revealed: n sink had a hot water					

8P9411

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AND PLAN OF CORRECTION IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	LIA (X2) MULTIPLE CONSTRUCTION R: A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/28/2020	
		MHL054-159				
			DDRESS, CITY, ST			
	VOOD FACILITY	2002-G \$	SHACKLEFOR N, 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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	ON SHOULD BE COMPLET HE APPROPRIATE DATE	
V 752	Continued From page 1		V 752			
	temperature of 126 degrees Fahrenheit.					
	Residential Treatm -She was not sure temperatures conti they had been add survey.	20 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				

8P9411