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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
			7. BOILDING.									
		MHL054-159	B. WING		12/0	3/2020						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
MAPLEWOOD FACILITY 2002-G SHACKLEFORD ROAD KINSTON, NC 28502												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE						
V 000 INITIAL COMMENTS			V 000									
	on December 3, 20 unsubstantiated (in deficiency was cited											
	category: 10A NCA	sed for the following service C 27G .1900 Psychiatric ent for Children and										
V 752 27G .0304(b)(4) Hot Water Temperatures		V 752										
	EQUIPMENT (b) Safety: Each faconstructed and eqensures the physical visitors. (4) In areas cexposed to hot water	cility shall be designed, uipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the stained between 100-116 t.										
	failed to maintain th	et as evidenced by: ons and interview the facility ne water temperature between es Fahrenheit. The findings										
	approximately 1:00 - The right bathroor	e 3A facility/unit on 11/23/20 at pm revealed: n sink had a hot water degrees Fahrenheit.										
	Residential Treatme - She had Maintena	20 the Director of Psychiatric ent Facility Services stated: ance Supervisor address water surveyor was on-site.										

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

(X6) DATE TITLE

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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							
MHL054-159		B. WING		12/03/2020								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD												
MAPLEWOOD FACILITY KINSTON, NC 28502												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE							
V 752	Continued From page 1		V 752									
	- Maintenance Sup- water temperatures outside agency was on-site.	ervisor was unable to get to desired range and an accontacted while surveyor was up to address the hot water										

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HGOR11 If continuation sheet 2 of 2