

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2021
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NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - GREENVILLE DET	STREET ADDRESS, CITY, STATE, ZIP CODE 203 GOVERNMENT CIRCLE GREENVILLE, NC 27834
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on September 21, 2021. The complaint was unsubstantiated (intake # NC00180687). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the the facility was not maintained in a clean, attractive manner. The findings are:</p> <p>Observation on 9/21/21 at approximately 10:45 am revealed:</p> <ul style="list-style-type: none"> - The walls and doors throughout the facility were scuffed and scratched. - A portion of the handrail approximately 14 inches in length, was missing from the wall by the door to the clients' outdoor smoke area. - Room 148: damage to the door frame; 2 lights in the ceiling did not work properly; organic matter inside the shower light fixture; the cover to the toilet paper holder was missing. 	V 736		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Room 145: the air vent in the ceiling had a heavy coating of dust; organic matter inside the shower light fixture; damage to the bathroom wall at the bottom of the door; the bathroom door frame was rusty. - Room 140: The air vents in the bedroom and the bathroom had heavy coatings of dust; the bathroom light was very dim; black stains consistent with mildew on the grout in the shower. - Room 139: one light fixture was not working; the room temperature was noticeably cooler than the rest of the facility; the air vents in the bedroom and the bathroom had heavy coatings of dust. - Room 153: the air vent had a heavy coating of dust; organic matter inside the shower light fixture; black stains, consistent with mildew, on the shower bench and wall grout behind the shower bench; the toilet paper cover was missing; the trash can was rusty. - Room 156: the bedroom was noticeably warmer than the rest of the facility; organic matter inside the shower light fixture; black stains consistent with mildew on the shower bench and shower wall grout; the trashcan was rusty. - Kitchen: 3 metal trays of cooked breakfast meats, including sausages and ham, and biscuits covered with paper napkins were on the stove top; heavy, dried food splatter inside the microwave. <p>During interview on 9/21/21 the Qualified Professional stated the building's thermostat was controlled by the county Department of Social Services who shared the building.</p> <p>During interview on 9/21/21 the Clinical Manager stated the property was leased from the County; the Licensee was aware of some of the issues cited. The deficiency might give the Licensee some leverage with the County to have the issues</p>	V 736		

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V 736	Continued From page 2 corrected.	V 736		