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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IONI NII IMPED:		TIPLE CONSTRUCTION DING:		(X3) DATE SURVEY COMPLETED	
						F		
		MHL074-111	B. WI	NG		10/0	6/2021	
NAME OF F	PROVIDER OR SUPPLIER	STRE	ET ADDRESS	, CITY, S	STATE, ZIP CODE			
PORT HEALTH SERVICES - GREENVILLE RES  114 HEALTH DRIVE GREENVILLE, NC 27834								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES				D 27	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			EFIX AG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	RECTIVE ACTION SHOULD BE COMPL RENCED TO THE APPROPRIATE DAT		
V 000	V 000 INITIAL COMMENTS			00				
		w up survey was complete . Deficiencies were cited.						
	category: 10A NCA	sed for the following servic C 27G .5600D Supervised ith Substance Abuse						
V 736	27G .0303(c) Facili	ty and Grounds Maintenar	nce V 7	36				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and ord e kept free from offensive						
		et as evidenced by: ions and interview the facil I in an clean and safe man						
	pm revealed: - Debris inside the stathroom The metal shelf in missing; the shelf b remained on the war - An air duct access	0/06/21 at approximately 2 shower light fixture room # n room #1's bathroom was pracket with sharp edges all. s hole with no cover in roo	t1's					
	on one side The shower light f	oom #5 had a deep depres ixture in room #5's bathroo ap approximately 1/2 to 3/4	om					

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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			
					F	₹		
		MHL074-111	B. WING			6/2021		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE				
PORT HE	PORT HEALTH SERVICES - GREENVILLE RES  114 HEALTH DRIVE GREENVILLE, NC 27834							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 736	Continued From pa	ge 1	V 736					
	inch wide between - Extensive black stunder the kitchen s - The stove vent wathe light bulb was e - Rusty areas inside - The finish on the listicky to touch.  During interview on Manager/Qualified - The County owne - New mattresses v - A contracted exter a regularly schedule - She would make s fixture in room #5's submitted.	the fixture trim and the ceiling. taining and an old glue trap ink. as missing the filter and cover; exposed. The triangle of the microwave. The triangle of the microwave of th						
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas of exposed to hot wat water shall be main degrees Fahrenhei		V 752					
		et as evidenced by: ions and interview the facility rater temperatures between						

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STATE FORM 6899 J2BG11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			B. WING			₹		
		MHL074-111	I		10/0	06/2021		
NAME OF PROVIDER OR SU	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  114 HEALTH DRIVE							
PORT HEALTH SERVICES - GREENVILLE RES GREENVILLE, NC 27834								
PREFIX (EACH DEF	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X COMM			
V 752 Continued F	Continued From page 2							
	100 and 116 degrees Fahrenheit in areas where clients are exposed to hot water. The findings are:							
2:00 pm and - The sink in temperature - The sink in water tempe  During interv Manager/Qu - The County - Water temp not stay with - None of the water tempe - She would temperatures	2:15 proom and of 136 proom and from a frature from the period of 134 proom and from the period from the perio	#1's bathroom had a hot water degrees. #2's bathroom had a hot water degrees. #5's bathroom had a hot water degrees. #7's bathroom had a hot water degrees. #9's bathroom had a hot water degrees. #10's bathroom had a hot water degrees.	er er er					

Division of Health Service Regulation STATE FORM

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