PRINTED: 01/06/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL090155	B. WING		R 12/30/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
MCLEOD	ADDICTIVE DISEASE CE	NTER	T ROOSEVELT NC 28110	BLVD.		
(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 COMPI		
V 000	INITIAL COMMENTS		V 000			
	completed on 12/30/2	and follow-up survey was 21. The complaint was ce #183276). A deficiency				
		d for the following service 27G .3600 Outpatient				
	The survey sample of current clients and 1	onsisted of audits of 9 deceased client.				
	Census: 203					
V 752	V 752 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.		V 752			
	interviews, the facility the facility where clien water, the temperatur	ns, records review and failed to ensure in areas of the swere exposed to hot				
		3/21 at 12:55pm revealed: ne hot water in the client n was 122 degrees				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

` '	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _				
MULODATE		B WING		40	R	
	MHE090193			12	2/30/2021	
JER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
ASE CENTER	2208 WES	T ROOSEVELT	BLVD.			
	MONROE,	NC 28110				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (X: (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X: COMP DAT		
m page 1		V 752				
Continued From page 1 Fahrenheit; -a handwritten sign posted on the mirror over the sink in the client drug screen bathroom read "Please be careful the hot water gets really hot so be careful. Thanks 10-18-21." Additional observation on 12/30/21 revealed: -10:40am the temperature of the hot water in the client drug screen bathroom was 138 degrees Fahrenheit; -10:43am the Program Manager(PM)'s thermometer read 100 degrees Fahrenheit when he checked the client drug screen bathroom hot water temperature.						
adjusted the ney have a registered at would have re-adjust the ew thermome estaff about bathroom and to post sign address the een removed an out of will divert al proom; been turned an be readjust has been noother re-adjusted and the readjust has been noother re-adjusted and the re-adj	e water heater this new thermometer; 110 degrees this maintenance come hot water heater and eter for the building; the note that was d staff did not know gns again indicating he issue immediately; ed; here of 138 degrees horder sign in the had clients to wash hands d off to the sink until the histed and corrected; hotified to return to the hustment;					
	MARY STATEME EFICIENCY MUSTORY OR LSC ID In sign posted and the first of the post sign posted and the post sign posted and 10-18-2 The PM on 1 adjusted the hey have a registered at the post sign post of the post post post post post post post post	MHL090155 LIER STREET ADD 2208 WEST MONROE, MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION) om page 1 It sign posted on the mirror over the ent drug screen bathroom read reful the hot water gets really hot so anks 10-18-21." Derivation on 12/30/21 revealed: temperature of the hot water in the ent bathroom was 138 degrees Program Manager(PM)'s read 100 degrees Fahrenheit when the eclient drug screen bathroom hot enture. The PM on 12/30/21 revealed: adjusted the water heater this they have a new thermometer; registered at 110 degrees this Would have maintenance come re-adjust the hot water heater and they have an and staff did not know to to post signs again indicating to address the issue immediately; the prevailed and out of order sign in the will divert all clients to wash hands	MHL090155 LIER STREET ADDRESS, CITY, STA 2208 WEST ROOSEVELT MONROE, NC 28110 MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION) In page 1 V 752 In sign posted on the mirror over the ent drug screen bathroom read reful the hot water gets really hot so anks 10-18-21." Intervation on 12/30/21 revealed: temperature of the hot water in the een bathroom was 138 degrees Program Manager(PM)'s read 100 degrees Fahrenheit when elicient drug screen bathroom hot afture. The PM on 12/30/21 revealed: adjusted the water heater this hey have a new thermometer; registered at 110 degrees this would have maintenance come re-adjust the hot water heater and ew thermometer for the building; es staff about the note that was pathroom and staff did not know of to post signs again indicating of address the issue immediately; been removed; gh temperature of 138 degrees seed an out of order sign in the will divert all clients to wash hands and moon; is been turned off to the sink until the and he readjusted and corrected; has been notified to return to the other re-adjustment; will be here tomorrow morning;	MHL090155 MHL090155 STREET ADDRESS, CITY, STATE, ZIP CODE 2208 WEST ROOSEVELT BLVD. MONROE, NC 28110 MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY PULL ORY OR LSC IDENTIFYING INFORMATION) MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY PULL ORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN WAS 10-18-21." Pervation on 12/30/21 revealed: temperature of the hot water in the een bathroom was 138 degrees Program Manager(PM)'s read 100 degrees Fahrenheit when e client drug screen bathroom hot sture. The PM on 12/30/21 revealed: adjusted the water heater this hey have a new thermometer; registered at 110 degrees this would have maintenance come re-adjust the hot water heater and aw thermometer for the building; e staff about the note that was anathroom and staff did not know of to post signs again indicating o address the issue immediately; the prevaluation of 138 degrees end an out of order sign in the will divert all clients to wash hands stroom; been turned off to the sink until the an be readjusted and corrected; has been notified to return to the other re-adjustment; will be here tomorrow morning;	MHL090155 B. WING	

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STATE FORM PALT11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R
		MHL090155	B. WING		12	/30/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
MCI FOD	ADDICTIVE DISEASE CE	NTER 2208 WE	ST ROOSEVELT	BLVD.		
WICELOD		MONRO	E, NC 28110			
(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 752	Continued From page 2		V 752			
	This deficiency constituted and must be corrected.	tutes a re-cited deficiency d within 30 days.				

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