

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20190063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WILMINGTON TREATMENT CENTER, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2520 TROY DRIVE WILMINGTON, NC 28401</b>
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V 000 INITIAL COMMENTS

An annual, complaint, and follow up survey was completed on January 3, 2022. One compliant was substantiated (intake #NC00181522 ) and one was unsubstantiated (intake #NC00181497). Deficiencies were cited.

This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers, 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders, and 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.

The survey sample consisted of audits of 6 current clients, and 4 former clients.

V 114 27G .0207 Emergency Plans and Supplies

**10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES**

(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.

(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.

(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.

(d) Each facility shall have basic first aid supplies accessible for use.

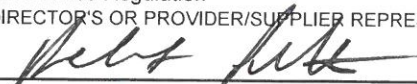
V 114

Measures put in place to correct deficient area of practice:

Facility will include 1 disaster Drill per quarter to reflect 4 disaster Drills per calendar year. These Drills will include staff working on "ALL" shifts  
 Disaster drills will include possible events that the Facility may encounter with ALL personnel on ALL shifts attending.

12-28-21

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



TITLE

*CEO*

(X6) DATE

*1-21-22*

STATE FORM

6899

78FG11

DHSR - Mental Health Continuation sheet 1 of 14

JAN 31 2022

Lic. & Cert. Section

Division of Health Service Regulation

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V 114	Continued From page 1  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:  Review on 11/30/21 of facility records from 10/01/20 - 9/30/21 revealed: - No documented disaster drills recorded for the first quarter (10/01/20 - 12/31/20). - No documented disaster drills for the second and third shifts of the second quarter (1/01/21 - 3/31/21). - One documented disaster drill for the third quarter (4/01/21 - 6/30/21). - No documented disaster drills for the second and third shifts of the 4th quarter (7/01/21 - 9/30/2).  During interview on 11/30/21 the Clinical Director stated: - There were 3 shifts. - The first shift was 6am - 2:30pm. - The second shift was 2:30pm - 10:30pm. - The third shift was 10:30pm - 6am.  During interview on 11/30/21 the Director of Facility Services stated: -Four disaster drills had been completed between October 2020 through September 2021. -He understood the requirement for disaster drills to be one per quarter. -He would reassess current processes to meet the requirements.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114	Measures put in place to prevent problem from occurring again:  Drills will be planned, critiqued and documented on a quarterly basis with documentation filed for future review, critiques and training purposes. Attendance will be conducted to insure all shifts have been included.  Who will monitor:  Director of Facility Services or Facilities Manger will review ALL drill activities and schedule the documented drills annually.  How often will monitor:  Director of Facilities Services will monitor drill reports quarterly and make any changes to the schedule to meet requirement annually.	
V 118	27G .0209 (C) Medication Requirements	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure medications, including</p>	V 118	<p>Measures put in place to correct deficient area of practice:</p> <p>Unlicensed persons that were previously trained to administer injections were given person-to-person training by a licensed registered nurse by completing an injections competency checklist signed by the RN and staff member giving injections. The signed competency checklist is in the correlating staff's personnel file.</p> <p>Measures put in place to prevent problem from occurring again:</p> <p>Policy created stating that all unlicensed persons who give injections or administrate medications follow training regulations that include RN person-to-person instructions with supporting documentation by means of signed competency checklist in their personnel file.</p> <p>Who will monitor:</p> <p>This will be monitored by the DON and ADON.</p> <p>How often will monitor:</p> <p>Unlicensed persons will renew their competency annually.</p>	12-30-21
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V 118	<p>Continued From page 3</p> <p>injections, were administered by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person, affecting 1 of 10 clients audited (client #6); and, as ordered by the physician affecting 1 of 10 clients audited (client # 3). The findings are:</p> <p>Finding #1: Review on 12/2/21 of client #6's record revealed: -57 year old female admitted 11/14/21. -Diagnoses included alcohol use disorder, severe; unspecified anxiety disorder; and, unspecified depressive disorder. -MAR order for Vivitrol 380 mg (milligrams) intramuscular injection (IM), dated and administered by Staff #2 on 11/24/21 at 5:01 pm. (alcohol dependence)</p> <p>Review on 12/3/21 of Staff #2's personnel record information revealed: -Hire date was 1/25/16. -Job title was phlebotomist/medical administrative assistant. -Video conference training about Vivitrol medication by the biopharmaceutical company registered nurse on 5/24/21. -No in person training documented on how to perform an IM injection.</p> <p>Interview on 12/1/21 client #6 stated: -She lived in the "dorm" (sober housing on site) and attended the day treatment program. -Her only complaint was the difficulty in getting prescriptions filled; it seemed to take a long time.</p> <p>Interview on 12/3/21 the biopharmaceutical company Territory Business Manager (TBM) stated: -She was a licensed pharmacist who worked as a</p>	V 118		
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V 118	<p>Continued From page 4</p> <p>Sales Representative, not as a Pharmacist. -She arranged for a registered nurse with her company to provide training about Vivitrol for Staff #2. -The training was done via an internet video conference. -She (TBM) was present with Staff #2 when she received her video conference training and provided a sample test kit for Staff #2 to simulate drawing up the Vivitrol solution into a syringe. -A poster was provided that illustrated the size of needle to use and where to administer the IM injection. -There was no person to person instruction with Staff #2 on how to administer an IM injection.</p> <p>Finding #2 Review on 11/30/21 of client #3's record revealed: -36 year old male. -Admitted on 11/25/21. -Diagnoses of Posttraumatic Stress Disorder, Depression, Unspecified Anxiety Disorder, Alcohol Use Disorder severe, Cocaine Use Disorder severe, Unspecified Depressive Disorder, Alcohol withdrawal without perceptual disturbances, hypertension, hyperparathyroidism and asthma.</p> <p>Review on 11/30/21 of client #3's signed physician orders dated 11/25/21 revealed: -Simvastatin 10mg daily. (anxiety) -HCTZ (Hydrochlorothiazide) 12.5mg daily. (high blood pressure) -Paxil 40mg daily. (anxiety) -Folic Acid 1mg daily. (anemia) -Magnesium oxide 400mg daily.(alcoholism)</p> <p>Review on 12/2/21 of client #3 's November MARs revealed: -Simvastatin 10mg documented as medication</p>	V 118	<p>Measures put in place to correct deficient area of practice:</p> <p>Policy for new patient medications updated to reflect that facility will not be responsible for supplying medications that the patient takes at home and not part of treatment protocol. Only medications with a 30-day supply brought in upon admission will be reviewed by the medical providers to order at their discretion. Wilmington Treatment Center will attempt to procure patient's home medications approved by the medical provider to the best of the facility's ability.</p>	1-20-22

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V 118	<p>Continued From page 5</p> <p>unavailable on 11/26/21-11/30/21. -HCTZ 12.5mg documented as medication unavailable on 11/26/21-11/27/21. -Paxil 40mg documented as medication unavailable on 11/25/21 - 11/30/21. -Folic Acid 1mg documented as medication unavailable on 11/26/21-11/30/21. -Magnesium oxide 400mg documented as medication unavailable on 11/26/21-11/27/21.</p> <p>Interview on 12/2/21 client #3 stated: -It took the facility 6 days to get his Paxil medication. -He had withdrawals from not having his Paxil medication. -The "solution" to get his medication was he would be billed for the medication. -He took Minipress for night terrors and just received it on today (12/2/21). -He took Paxil and Minipress prior to admission to the facility. -He was told his prescriptions had to be "rewritten". -Some of his medications were filled and some of his medications were not filled.</p> <p>Interview on 12/2/21 the Interim Nursing Director stated: -If a patient had a prescription at admission, the facility received a verbal order for the medication and medication would be administered to patient. -Their pharmacy did not deliver medications on Sundays. -They encourage patients to bring their own medication since the pharmacy did not deliver medications on Sundays. -The facility stock medications were provided by their contracted pharmacy. -If a patient's insurance was not contracted with their contracted pharmacy they could not</p>	V 118	<p>Measures put in place to prevent problem from occurring again:</p> <p>Director of Nursing and Director of Admissions are working together to ensure admitting patients understand the medication policy before admitting and the consequences for not following policy regarding at-home medications, so they can plan accordingly.</p> <p>Who will monitor:</p> <p>This will be monitored by the DON and ADON.</p> <p>How often will monitor</p> <p>DON and Director of Admissions will update each other as needed with feedback and suggestions for improving patient care with a minimum of discussing once a quarter.</p>	

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V 118	Continued From page 6  administer medications from their stock medications. -The facility sent a face sheet with client information to the contracted pharmacy when a patient was admitted. -The contracted pharmacy responded with "person in collections" or client "not covered under insurance." -Some medications the facility would absorb the cost. -The facility had stock medications for some of the medication prescribed to client #7. -They had a second pharmacy they used if the patient's insurance was not contracted with the contracted pharmacy for stock medications. -If they administered medication to a patient that was not covered by insurance, the patient could owe money. -Client #3 could not use their stock medications because his insurance would not allow it. -The facility's physician had ordered medications for client #3 at admission (11/25/21). -Client #3 stated he would pay out of pocket for his medications -Client #3 received his medications the prior day (12/1/21). -Client #3 had daily assessments with the physician.	V 118		
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36	V 120	Measures put in place to correct deficient area of practice:  A locked storage cabinet was purchased to securely store stock medications. Two lockable totes were purchased for use of transporting patient medications that are transferring locations. Two medication lock boxes were purchased for the scheduled night medications deemed "high potential for abuse".	12-13-21

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V 120	<p>Continued From page 7</p> <p>degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to store medications in a securely locked cabinet. The findings are:</p> <p>Observations at 11:50 am on 12/1/21 revealed at least 6 pharmacy bags and 3 plastic bags containing medications in a chair in the medication room at the Day Treatment facility.</p> <p>Interview on 12/1/21 the Registered Nurse (RN) stated:</p> <ul style="list-style-type: none"> <li>-Stock medications were stored in the locked medication cart.</li> <li>-Some medications in the medication cart were dispensed for Day Treatment clients; these would be controlled drugs or medications with a high potential for abuse. Examples were Seroquel and Lyrica.</li> <li>-The facility staff called in prescriptions for the Day Treatment clients.</li> <li>-Day Treatment client medications would be</li> </ul>	V 120	<p>Measures put in place to prevent problem from occurring again:</p> <p>Current employees have been updated and trained on new practices and incorporated in new hire training. Appropriate policies have been updated to reflect changes.</p> <p>Who will monitor:</p> <p>This will be monitored by the DON and ADON.</p> <p>How often will monitor:</p> <p>This will be monitored for compliance on a monthly basis.</p>	
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V 120	<p>Continued From page 8</p> <p>delivered by the pharmacy to the Non-hospital Detox/Residential site (approximately 1/2 mile from the Day Treatment site.)</p> <ul style="list-style-type: none"> <li>-The Day Treatment nurse would go to the Non-hospital Detox/Residential site after 3 pm each day, pick up the medications, and bring them back to the Day Treatment facility in an unlocked "tote."</li> <li>-Those medications that Day Treatment clients were not allowed to keep in their possession were removed by the nurse and stored in the Day Treatment medication cart.</li> <li>-There were 2 unlocked totes, one sent to the female dorm and the other to the male dorm each afternoon. (Dorms were unlicensed sober housing facilities on campus.)</li> <li>-The nurse would give the remaining medications delivered for the Day Treatment clients to the technician, who would sort them according to the dorm.</li> <li>-Doses of medications stored in the Day Treatment medication cart that were needed when nurses were not on site (i.e. Seroquel at bedtime) would be placed in an envelope with the client's name and name/dosage of the medication, placed in a plastic box, then put into the appropriate tote.</li> <li>-The technician would deliver the totes to the dorms in the afternoon.</li> <li>-The totes were not locked.</li> <li>-The medications in the chair had been sent the to the dorms the prior evening (11/30/21) and returned the morning of 12/1/21.</li> <li>-These medications belonged to clients who had failed to pick them up; therefore, were returned to the Day Treatment medication room the morning of 12/1/21 and left in the chair.</li> <li>-The RN would hand these medications to the clients if he saw them during his shift.</li> <li>-If not picked up during his shift on 12/1/21, the</li> </ul>	V 120		
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V 120	Continued From page 9  RN would give them back to the technician to have them placed back into the unlocked tote and be returned to the dorm that afternoon. -The Day Treatment clients were allowed to have a personal bag during their time at Day Treatment and expected to be independent in the storage and administration of medications delivered to them.	V 120	Measures put in place to correct deficient area of practice:	1-20-22
V 241	27G .3703 Day Tx. Sub. Abuse - Operations  10A NCAC 27G .3703 OPERATIONS (a) Each day treatment facility shall operate at least three days per week, but not fewer than 12 hours per week. (b) A client shall be provided a structured program of treatment for a minimum of five hours per week. (c) Before discharging the client, the facility shall complete a discharge plan for each client and refer each client who has completed services to the level of treatment or rehabilitation in accordance with the client needs.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete a discharge plan for treatment or rehabilitation in accordance with the client needs affecting 1 of 4 former clients (FC) audited (FC#10). The findings are:  Review on 12/2/21 of FC#10's record revealed: -65 year old female admitted 9/8/21 to the non-hospital detox unit, transferred to the Day Treatment facility on 9/12/21, and discharged 9/20/21. -Diagnoses included alcohol disorder, severe;	V 241	All patients, upon admission into WTC, will sign a release of information (ROI) for a primary care physician. This will be used to schedule follow-up medical care in the event the patient is a medical discharge.  Measures put in place to prevent problem from occurring again:  Admissions is gathering PCP contact information at inquiry for all patients. Intake department is reviewing PCP documentation and assisting patient in signing a consent upon admission to WTC. Inpatient counseling department is verifying accuracy of ROI upon the first contact with the patient.  Who will monitor: Admissions Director, Intake Director, Program Manager, Inpatient and Clinical Director  How often will monitor: Chart audits for a signed consent for the patient's primary care physician (PCP) will be done Monday- Friday. If a consent was not signed at admission, the inpatient counseling team will assist the patient in signing a consent for the PCP of their choice.	

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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
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V 241	<p>Continued From page 10</p> <p>amphetamine-type substance use disorder, mild; unspecified anxiety disorder; and unspecified depressive disorder.</p> <p>-No discharge plan with referrals to meet FC#10's treatment or rehabilitation needs regarding substance use disorders post discharge.</p> <p>Review on 12/2/21 of FC#10's discharge summary dated 9/20/21 revealed: -"Extent to which established goals and objective were achieved:" "1. Alcohol dependence, uncomplicated. [FC#10] will possess sufficient coping strategies to successfully manage substance dependency challenges; pt (patient) was in the process of working toward achieving said goals/objectives and was motivated for recovery in gaining the tools necessary In being able to maintain sobriety, recognize triggers and employ coping strategies Imperative toward gaining and maintaining said sobriety along with managing any applicable behavioral health issues that subsequently were the root of pts use and/or drinking." "2. Anxiety Disorder, unspecified [FC#10] will acquire relaxation/coping skills to effectively management stress/anxiety; pt was in the process of working toward achieving said goals/objectives and was motivated for recovery in gaining the tools necessary In being able to maintain sobriety, recognize triggers and employ coping strategies Imperative toward gaining and maintaining said sobriety along with managing any applicable behavioral health issues that subsequently were the root of pts use and/or drinking." "3. The need for supportive recovery transition plan in lieu of Alcohol dependence, uncomplicated "I need a solid aftercare plan." pt was not able to complete the aftercare process in</p>	V 241		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20190063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2022</b>
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V 241	<p>Continued From page 11</p> <p>working with discharge/aftercare coordinator in developing a solid plan for pt to maintain their sobriety upon dc (discharge) from PHP (Day Treatment Program) LOC (level of care) in lieu of being medically discharged."</p> <p>-Client was to call for an appointment with a primary care physician and obtain a COVID test as soon as possible.</p> <p>-Nursing discharge note, "Pt is a medical discharge for s/s (signs and symptoms) of potential flu, covid (coronavirus disease 2019), viral infection... She was escorted to her private vehicle ... She claims she feels well enough to drive home..."</p> <p>Review on 12/2/21 of the facility "COVID-19 Precautions and Containment Guidelines" revealed:</p> <p>-"All patients exhibiting symptoms of COVID-19 will be a medical discharge."</p> <p>-Non-residential clients in Day Treatment who exhibited symptoms of COVID-19 were discharged before they could be tested for COVID-19.</p> <p>-The policy included criteria for negative COVID-19 test results required for readmission to the facility.</p> <p>-The policy did not address discharge planning and referrals to meet treatment or rehabilitation needs regarding substance use disorders post discharge.</p> <p>Interview on 12/2/21 the Clinical Director stated:</p> <p>-Clients were not always discharged from Day Treatment when they become ill.</p> <p>-Because they had no way to isolate clients, the facility made the decision any client would be discharged that showed symptoms of COVID. This policy was applied to the non-residential clients.</p>	V 241		
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V 241	Continued From page 12 -FC#10 was discharged without a discharge plan or referrals before she could have had a COVID test done. -She and the Quality/Risk Manager had tried unsuccessfully to reach FC#10 via phone on 9/24/21 to determine if she had tested positive. -The facility did not know if FC#10 had been tested for COVID.	V 241	Measures put in place to correct deficient area of practice:	1-7-22
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.  This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:  Observations on 11/30/21 between 11:30am and 1:00pm revealed: -Water temperature read 123 degrees Fahrenheit in the bathroom sink of the men's restroom on 600 hall. -Room #601 water temperature read 118 degrees Fahrenheit in the bathroom sink. -Room #602 water temperature read 119 degrees Fahrenheit in the bathroom sink.	V 752	The Main Mechanical Mixing valve for the buildings have been replaced with a modern computerized mixing valve. Temperatures in Patients areas have been checked and adjusted according to the written limits. Water Temperature in patient areas will be selected and monitored daily for two weeks and then weekly. Will include ALL patient areas within each 30 day period.  Measures put in place to prevent problem from occurring again:  Water Temperatures Not within range will be adjusted and monitored on a consistent schedule with written documentation per room (area). Documentation will be kept on File for 1 year for further review. Any NEW adjustments must be approved and documented for further review.  Who will monitor:  This Documentation will be Monitored By the Director of Facilities Services and Facilities Manager and discuss when any changes needed occur.  How often will monitor: Water Temperatures will be Monitored on a weekly basis and reviewed monthly.	

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V 752	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-Room #603 water temperature read 118 degrees Fahrenheit in the bathroom sink.</li> <li>-Room #605 water temperature read 121 degrees Fahrenheit in the bathroom sink</li> <li>-Room #608 water temperature read 122 degrees Fahrenheit in the bathroom sink.</li> <li>-Room #613 water temperature read 124 degrees Fahrenheit in the bathroom sink.</li> <li>-Room #101 water temperature read 132 degrees Fahrenheit in the shower.</li> <li>-Room #105 water temperature read 133 degrees Fahrenheit in the shower.</li> <li>-Room #212 water temperature read 130 degrees Fahrenheit in the shower.</li> <li>-Room #202 water temperature read 132 degrees Fahrenheit in the shower.</li> <li>-Room #208 water temperature read 121 degrees Fahrenheit in the shower.</li> <li>-Female restroom located near the auditorium on the Residential hall water temperature in the sink read 120 degrees Fahrenheit.</li> </ul> <p>Interview on 11/30/21 the Facility Services Director stated:</p> <ul style="list-style-type: none"> <li>-The facility boiler had recently been replaced and may need to be adjusted.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		
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