

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <u>MHL-064-074</u>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING <u>PSR</u>	(X3) DATE SURVEY COMPLETED 01/27/2022
	NAME OF FACILITY Carolina Blue Waters		
NAME OF ACCREDITING ORGANIZATION PERFORMING SURVEY (if applicable)		STREET ADDRESS, CITY, STATE, ZIP CODE 130 Jones Rd Rocky Mount NC 27804	

Division of Health Service Regulation Mental Health Licensure and Certification Section

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
<u>10A NCAC 27G .0304(b)(4) V752</u>	Hot Water Temperature – standard 10A NCAC 27G .0304(b)(4) V752 standard states: “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.” An annual survey was conduct for Carolina Blue Waters Psychosocial Rehabilitation Program. The hot water temperature was 122 degrees when tested.	<u>10A NCAC 27G .0304(b)(4) V752</u>	On 2/7/2022, Facility director Martin Johnson contacted the owner of Carolina Blue Waters and property management, Chambliss and Rabil to correct the hot water issue. On 2/9/2022, Facility Director and Director of Operations, Amy Thorne took readings of the water temperatures for the owner to submit to Chambliss and Rabil to complete the service request. Further monitoring of the water temperatures revealed occasional spikes in the temperature. Carolina Blue Waters staff will perform water temperature checks throughout the day and alert staff and consumers when the water temperature is above the standard until repairs are completed. Needed repairs will be completed on or before 2/26/2022.	2/07/2022 2/09/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Carolina Blue Waters Martin Johnson Facility Director</i>	(X6) DATE <i>2/14/22</i>
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**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: Carolina Blue Waters _____ MHL Number: 064-074
Exit Date: 1/27/22 Surveyor(s): Tinika Ferguson & India Vaughn-Rhodes

EXIT PARTICIPANTS: Adrienne Sharpe – QP, Martin Johnson – Facility Director,
Tinika Ferguson – DHSR, India Vaughn-Rhodes - DHSR

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0304(b)(4) V752 Hot Water
Temperature - standard

**Client & Staff Identifier List
(Indicate staff title or number beside each name)**

Qualified Professional/ Adrienne Sharpe

Facility Director Martin Johnson

CITATION LEVEL: Number of days from survey exit for citation correction
Standard = 60 days **Recite – standard** = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date