Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 BOILDING.			
MHL054-159		B. WING		07/21/2022		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLEWOOD FACILITY 2002-G SHACKLEFORD ROAD KINSTON, NC 28502						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint survey was completed on July 21, 2022. The complaint was substantiated (intake #NC00190782). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.					
	census of 17. The	sed for 18 and currently has a survey sample consisted of clients and 1 former client.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		on and interviews, the facility I in a safe, clean attractive and				
	1:05pm revealed: - The foyer had mu the walls A seclusion room frame and latch. As use this seclusion r	21/22 at approximately Itiple white patched areas on door on Unit 1 had a broken sign on the door read, "Do not oom for consumers." e in Unit 1 foyer was cracked				

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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		(X3) DATE SURVEY COMPLETED	
, I LAN	J. JOINLEOITON	DETT. TO CHOICE HOWDER.	A. BUILDING:		CONT	9
		MHL054-159	B. WING		07/2	1/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	(000 E10U IT)(2002-G SI	HACKLEFOR	RD ROAD		
MAPLEV	OOD FACILITY	KINSTON	NC 28502			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	.D BE	COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
				,		
V 736	Continued From pa	ge 1	V 736			
	and the ceiling and	walls had scuff marks.				
		soiled walls in and around the				
	TV area. A basebal	I sized hole was in the wall.				
	The linen room doo	r was damaged by the pod				
	doorknob.					
		m had scuff marks on the				
	walls.					
	- Client #6's bedroom had an approximately 12					
		ce of unpainted plywood				
	attached to the wall.					
	- Client #4's bedroom had a white substance on the walls.					
	- Unit 1 Pod A had soiled walls around the					
	common areas. The linen door was damaged by					
	the unit doorknob.					
	- Client #3's bedroom had scuff marks on the					
	walls and baseboards.					
	- The Bathroom had a paper towel stuck to the					
	ceiling.					
	- Client #1's bedroom had tape on the walls along					
	with various scuff marks Client #5's bedroom door frame was damaged.					
	The bedroom walls had scuff marks and a white					
	patched area.	maa coan marke and a mile				
		door was broken. A second				
	seclusion room had	I smudge and dark marks on				
	the walls. The foyer	had 5 white patched areas on				
	the walls.					
		smudge marks and soiled				
		lls in the common area.				
	on the walls.	m had tape and scuff marks				
		m had dark scuff marks on				
	the walls.	iii iiau dain sodii iiiains oii				
		om had blue ink on the wall.				
		om had marks on the walls.				
		om had dark scuff marks and				
	smudges on the wa					
		d paint popped off the wall next				
	to the sink.					

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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	
		MHL054-159	B. WING		07/21/2022	
MAPI EWOOD FACILITY 2002-G SH			DDRESS, CITY, STATE, ZIP CODE CHACKLEFORD ROAD I, NC 28502			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 736	- A Unit 3 seclusion frame Unit 3 Pod A comman approximately 1 patched area on the Client #13's bedrofoot by 3 foot white - Client #14's bedrofond scuff marks The bathroom had the soap dispenser - Unit 3 Pod B had common area. The unit doorknob Client #16's bedrofond - The bathroom had Interview on 07/21/Supervisor stated: - New seclusion do install on 07/27/22 The clients had brown - He placed plywoo could fix the hole. Interview on 07/21/stated she had no cidentified for repair.	room door was broken off the mon area had soiled walls and 2 inch by 12 inch white e wall. som had an approximately 3 patched area on the wall. som had writing on the walls do a white patched area under soiled and scuffed walls in the linen door was damage by the som had marks on his door. It is a broken wall plate. 22 the Maintenance ors should be delivered for token the seclusion doors. It on client #6's wall until he captured to the program Director questions about issues the secretary was since the captured to the captured to the program Director questions about issues	V 736			

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