STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHI 063-080		B. WING			R-C			
		MHL063-080		D. WING		09/0	9/2022	
NAME OF F	PROVIDER OR SUPPLIER	ST	REET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PORT HE	PORT HEALTH SERVICES - ABERDEEN DAY T  206 NORTH PINE STREET ABERDEEN, NC 28315							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	V 000 INITIAL COMMENTS		V 000					
	on September 9, 20 unsubstantiated (in Deficiencies were c	low up survey was comp 022. The complaint was take #NC00191939). iited. sed for the following serv						
	category: 10A NCA for Children and Ad Behavioral Disturba	C 27G .1400 Day Treatr olescents with Emotiona ances.	ment al or					
		urrent census of 7. The f audits of 3 current clie						
V 736	27G .0303(c) Facilit	ty and Grounds Mainten	ance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and c e kept free from offensiv						
	failed to ensure faci	et as evidenced by: ons and interviews, the ility grounds were maint ractive and orderly manr	ained					
	revealed: -Male bathroom-Th approximately eight drawings, pen and   the walls.	/22 at approximately 12: ere was a crack on the t feet long. There were pencil writings and stain There were approximate	floor s on					

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE	D.	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					l R	-C	
		MHL063-080	B. WING			09/2022	
NAME OF I	PROVIDER OR SUPPLIER	ST	REET ADDRESS, CITY,	STATE, ZIP CODE			
PORT H	EALTH SERVICES - A	BERDEEN DAY T	6 NORTH PINE STF BERDEEN, NC 283 <sup>2</sup>				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		' MUST BE PRECEDED BY FULI SC IDENTIFYING INFORMATION		(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
V 736	Continued From pa	ge 1	V 736				
		acked on top of each oth c bins in corner of bathro					
	Observation on 9/8/22 at approximately 12:50 pm revealed:						
		group room had a piece portion of window. The					
		ow was shattered in seve					
	-They were aware of -The agency did no hard time trying to gmake the needed re-They just painted thowever the clients againIn the female baths and bins are beddir the residential unitA former client too window about six m group roomThey talked to the that window a while -They were told the	he walls in the male bath started writing on the walls in the walls are the board that belonged upstairs a chair and broke the nonths ago outside of the building owner about reparts.	ad a ding to nroom, alls xes s in				
	grounds were main	facility failed to ensure f tained in a safe, clean,	acility				
	revealed: -She was aware of the facilityThey were constar throughout the facil	with the Program Super the maintenance issues on the walls	with				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL063-080	B. WING		R-	-C <b>19/2022</b>	
NAME OF	PROVIDER OR SUPPLIER			STATE ZIP CODE	03/0	1912022	
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  206 NORTH PINE STREET  206 NORTH PINE STREET						
ABERDEEN, NC 28315							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 2	V 736				
	window to be repair -Sometimes it takes while to make the re timely mannerShe confirmed the grounds were main attractive and order	s the owner of the building a equested repairs within a facility failed to ensure facility tained in a safe, clean, by manner.  Stitutes a re-cited deficiency					
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the stained between 100-116 t.					
	water temperature v 100-116 degrees Fa Observation on 9/8/ approximately 12:20 -Male Bathroom-Th 120 degrees Fahre	ion and interviews the facility's was not maintained between ahrenheit. The findings are:  /22 of the facility at 0 pm revealed : ne sink water temperature was nheit.  -The sink water temperature					
		with staff #1 revealed:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
		MHL063-080	B. WING			R-C <b>09/2022</b>	
	PROVIDER OR SUPPLIER  EALTH SERVICES - A	BERDEEN DAY T 206 NOR	DDRESS, CITY, S TH PINE STR EN, NC 2831				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 752	-The clients were al temperature when those bathroomsShe didn't realize the bathroomsShe confirmed the facility water temperature with the second confirmed interview on 9/9/22 confirmed: -The facility failed to temperature between Fahrenheit.	ble to adjust the water they washed their hands in the water was too hot in those facility failed to maintain the trature between 100-116 t.  with the Program Supervisor or maintain the facility water en 100-116 degrees	V 752				

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