PRINTED: 09/12/2022 FORM APPROVED

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
			A. BUILDING	3:		
		MHL063-080	B. WING		R- 09/0	9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY	, STATE, ZIP CODE		
PORT HE	EALTH SERVICES - A		NORTH PINE ST RDEEN, NC 283			
(X4) ID	_	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMEN	TS	V 000	All building repairs and cited concerns are identified in a repair ticket submitt to the agency Operations Department	ed	9/14/22 repair schedule
	on September 9, 20	llow up survey was complet 022. The complaint was ntake #NC00191939).	ed	on 9/14/22. Repairs will be scheduled local vendors or completed by agency appropriate. Repairs will be scheduled as vendors are available.	through reque staff as repai as soon have been	requested; repairs have not been
	Denciencies were c	sileu.		The water temperature was adjusted	per survey	scheduled
	category: 10A NCA	sed for the following service C 27G .1400 Day Treatmen dolescents with Emotional o ances.	nt	findings on 9/9/22.		9/9/22 for water temp
		current census of 7. The sur of audits of 3 current clients				
V 736	27G .0303(c) Facili	ity and Grounds Maintenan	ce V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orde be kept free from offensive	erly			
	Based on observat failed to ensure fac in a safe, clean, att The findings are:	et as evidenced by: ions and interviews, the fac ility grounds were maintain tractive and orderly manner 3/22 at approximately 12:20	ed			
	approximately eigh drawings, pen and the walls.	here was a crack on the floc t feet long. There were pencil writings and stains o -There were approximately	n			
		DER/SUPPLIER REPRESENTATIVE'S		TITLE		(X6) DATE
LADUKATUR		DENGOFFLIER REPRESENTATIVE	S SIGINAI UKE	COO	<u>9</u> /	14/22
STATE FOR	M /~~ (V)		6899	SYTW11	••	tion sheet 1 of 4
			RE	CEIVED		

By DHSR Mental Health Licensure & Certification at 1:20 pm, Sep 20, 2022

Division of Health Service Res STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 09/09/2022	
		MHL063-080				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PORT HE	EALTH SERVICES - A	BERDEEN DAY T	RTH PINE STRI EEN, NC 2831			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETI DATE
V 736	Continued From pa	ige 1	V 736			
	cardboard boxes stacked on top of each other. There were 4 plastic bins in corner of bathroom.					
	Observation on 9/8 revealed:	/22 at approximately 12:50 pn	n			
	-Window outside of group room had a piece of cardboard on inner portion of window. The outer					
		portion of window. The outer ow was shattered in several				
	-They were aware of -The agency did no	with staff #1 revealed: of the issues with the facility. it own the facility. They had a				
	make the needed r					
		he walls in the male bathroom started writing on the walls	1,			
	-In the female bath	room the items in the boxes ng that belonged upstairs in				
	-A former client too window about six m	k a chair and broke the nonths ago outside of the				
	group room. -They talked to the that window a while	building owner about repairing	g			
		glass had to be custom fitted				
		facility failed to ensure facility tained in a safe, clean, rly manner.	/			
	Interview on 9/9/22 revealed:	with the Program Supervisor				
	the facility.	the maintenance issues with				
	throughout the facil					
	-She knew the wind was broken. ealth Service Regulation	dow outside of the group room				

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SYTW11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-080			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED R-C 09/09/2022	
		B. WING					
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ORT HE	EALTH SERVICES - A	BERDEEN DAY Τ					
	SUMMARY STA		EEN, NC 2831	PROVIDER'S PLAN OF	CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLE ⁻ DATE	
V 736	Continued From pa	ge 2	V 736				
	window to be repair -Sometimes it takes while to make the re- timely manner. -She 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, ly manner. stitutes a re-cited deficiency	,				
V 752		t Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas of exposed to hot wate	04 FACILITY DESIGN AND 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 tained between 100-116 t.					
	water temperature	et as evidenced by: on and interviews the facility's was not maintained between ahrenheit. The findings are:					
	120 degrees Fahre	0 pm revealed : le sink water temperature was nheit. The sink water temperature	3				
	Interview on 9/8/22	with staff #1 revealed:					

SYTW11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED R-C 09/09/2022	
		B. WING				
AME OF F	ROVIDER OR SUPPLIER					
		206 NOF	.DDRESS, CITY, S ⁻ RTH PINE STRE			
	ALTH SERVICES - A	ABERDEEN DAY I ABERDE	EEN, NC 28315	5		
(X4) ID			ID	PROVIDER'S PLAN OF		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 752	Continued From pa	age 3	V 752			
	temperature when those bathrooms. -She didn't realize bathrooms. -She confirmed the facility water temper degrees Fahrenhe Interview on 9/9/22 confirmed: -The facility failed t temperature betwe Fahrenheit.	able to adjust the water they washed their hands in the water was too hot in those e facility failed to maintain the erature between 100-116 it. 2 with the Program Supervisor to maintain the facility water een 100-116 degrees institutes a re-cited deficiency cted within 30 days.				

SYTW11