Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION			A. BUILDING:	A. BUILDING:			
		MHL078-278	B. WING		01/2	7/2023	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ROBESON #1 601 CARTHAGE ROAD LUMBERTON, NC 28358							
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and complaint survey was completed on January 27, 2023. The complaint was unsubstantiated (Intake #NC00193867). Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
		sed for 6 and currently has a urvey sample consisted of clients.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaster shall be held at least repeated for each se under conditions the	an for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be //. In drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	failed to have fire a	et as evidenced by: view and interview the facility nd disaster drills held at least ted on each shift. The					

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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 A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL078-278	B. WING		01/2	27/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
ROBESON #1 601 CARTHAGE ROAD LUMBERTON, NC 28358							
(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)	ILD BE	(X5) COMPLETE DATE	
V 114	Continued From page 1		V 114				
	from 1/1/22 - 12/31, - 2nd quarter (4/01/ drills documented of - 4th quarter (9/01/2 documented on the - 4th quarter (9/01/2 drills documented of	22 - 6/30/22): No disaster on the 1st shift. 22 - 12/31/22): No fire drills					
V 752	(QP) stated: - There were 3 shift 27G .0304(b)(4) Ho	s during the week.	V 752				
	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	out FACILITY DESIGN AND cility shall be designed, uipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116					
	water temperatures 100-116 degrees Fa	et as evidenced by: on and interview, the facility were not maintained betweer ahrenheit in areas where ed to hot water. The findings					
	revealed:	6/23 at approximately 2:00pm perature at the kitchen sink ahrenheit.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) I		(X3) DATE COMP	O DATE SURVEY COMPLETED		
		MHL078-278	B. WING		01/2	7/2023		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ROBESON #1 601 CARTHAGE ROAD LUMBERTON, NC 28358								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE				
V 752	Continued From page 2		V 752					
	Interview on 1/26/2 stated: -She would have th	3 the Group Home Manager e hot water checked by sure proper temperature was						

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