Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502 (X4) ID PREFIX TAGS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on February 17, 2023. Four complaints were substantiated (intake #'s NC00198267, NC00198263, NC00198394 and NC00198387). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Residential Treatment For Children and Adolescents. This facility is licensed for 18 and currently has a census of 17. The survey sample consisted of an audit of 1 current client.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MAPLEWOOD FACILITY 2002-G SHACKLEFORD ROAD KINSTON, NC 28502 CX4) ID PREFIX TAG	MHL054-159		B. WING		02/	02/17/2023		
X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 000	2002-G SHACKI FFORD ROAD							
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE