

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2023
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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on May 22, 2023. The complaints were unsubstantiated (intakes #NC00201941, #NC00202088, and #NC00202145). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 18 and currently has a census of 17. The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a clean, attractive manner. The findings are:</p> <p>Observations on 5/11/23 at 9:30 am revealed: - Unit 1 Pod A - damage to the closet door in the day room; paint at the baseboard was peeling in bedroom #1; a red stain on the wall behind the door to bedroom #3; dark gray stain, consistent</p>	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 736	<p>Continued From page 1</p> <p>with mildew, on the ceiling over the shower.</p> <ul style="list-style-type: none"> - Unit 1 Pod B - no cover on the ceiling light fixtures in the day room; damage to the closet door in the day room; the bed pillow in bedroom #2 had a brown stain; the metal cover was missing from the shower head. - Unit 2 Pod A - damage to the closet door in the day room; writing on the door to bedroom #1 and bedroom #3. - Unit 2 Pod B - writing on the door to bedroom #2. - Unit 3 Pod B - no cover on one ceiling fluorescent light fixture; damage to the closet door in the day room. - Unit 3 Pod A - dark gray stain, consistent with mildew, on the ceiling over the shower; damage to the closet door in the day room. - Walls throughout the facility had scuffed and scratched paint. <p>Observations on 5/11/23 at 9:30 am revealed construction crews actively making repairs and painting throughout the facility.</p> <p>During interview on 5/11/23 the Facility Support Coordinator stated repairs to the facility were ongoing.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		