PRINTED: 09/22/2023 FORM APPROVED

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL096-282	B. WING		09/13/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE			
CLAIBOR	NE PLACE GROUP HOM	E	UTH CLAIBORNE BORO, NC 27530				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPL	LETE	
V 000	INITIAL COMMENTS		V 000				
	An on-site survey was 13, 2023. A deficience	s completed on September by was cited.					
		d for the following service 27G .5600A Supervised Mental Illness.					
		d for 6 and currently has a vey sample consisted of ents.					
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are , the temperature of the ined between 100-116					
	failed to maintain wat 100 and 116 degrees	as evidenced by: ew and interviews the facility er temperatures between Fahrenheit in areas where o hot water. The findings					
	Review on 9/13/23 of temperature logs reve water temperature ch 6/24/21 and ranged b Fahrenheit and 111 d	ealed the last documented ecks were completed between 100 degrees					
	During interview on 9	/13/23 client #2 stated:					

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL096-282	B. WING		09	0/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
01.41505		404 SOU	TH CLAIBORNE P	LACE			
CLAIBOR	NE PLACE GROUP HON	GOLDSE	ORO, NC 27530				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 752	Continued From page	e 1	V 752				
	independently If the water was too water."	ulate the water temperatures hot, he "turned on the cold injured by the hot water at					
	- The water in the ba - Staff tried to regulat her to take showers	out 3 days ago" because the					
	- He was able to regulindependently.	0/13/23 client #5 stated: ulate water temperatures rienced any issues with the ty.					
	Service Regulation (I Biennial Residential - The facility's biennia 9/13/23. - At approximately 2: temperatures in the f and shower/tub were and 140 degrees Fal bathroom sink and sl - The hot water heate down and water in th running for approxim water heater tanks at temperatures. - He instructed the G both bathrooms and for assistance" to reg	45 pm the hot water female clients' bathroom sink a 138 degrees Fahrenheit prenheit in the male clients' hower/tub. The thermostat was adjusted the showers/tub was left ately 30 minutes to drain the and decrease the hot water though Home Manager "to lock to have the clients ask her					
	temperatures The Group Home M	lanager contacted a plumber					

Division of Health Service Regulation

STATE FORM NXKX11 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		MHL096-282	B. WING		09	/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CLAIBOR	NE PLACE GROUP HOM	F	TH CLAIBORNE P	LACE		
		GOLDSE	BORO, NC 27530			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 752	to examine the hot wa	ater heaters and to make s.	V 752			
	- The hot water temperatures decreased to 108 degrees Fahrenheit at 3:30 pm. During interview on 9/13/23 the Group Home					
	Manager stated: - Water temperatures documented every sh - She "never got a hig checked the water tel - She "did not know"	were checked and ift. yh temperature" when she mperatures. where the water temperature				
	book." - A plumber came to the water to the bath tubs return to the facilty in some repairs/adjustmusche advised the clie	cated; "They aren't in the the facility and turned the s/showers off; he would the morning and make the to the water heaters. Into they could take showers the repairs to the water				
	9/13/23 written by the revealed: - "What immediate acensure the safety of the Contacted plumber of Monitoring the water safety. Running show range. Locking doors having staff available Describe your plans happens: I will follow not arrive as schedule check water temp (teand clients safety."	the Plan of Protection dated of Group Home Manager stion will the facility take to the consumers in your care? Toming today and tomorrow. For client use to ensure their ters to go back to acceptable to (bathroom doors) and to utilize the bathrooms. To make sure the above up with plumbing if they do the ed. Will notify all staff to the mperature of the formula of the plumbing if they do the ed. Will notify all staff to the protection of their safety				
		agnoses that included der, Schizophrenia and				

Division of Health Service Regulation

STATE FORM 6899 NXKX11 If continuation sheet 3 of 4

PRINTED: 09/22/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL096-282	B. WING		09/	13/2023		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 SOUTH CLAIBORNE PLACE							
CLAIBOR	CLAIBORNE PLACE GROUP HOME GOLDSBORO, NC 27530							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
V 752	various medical condichecks were not documenths, therefore it whow long the water to acceptable range of a	itions. Water temperature umented for a year and two was impossible to determine emperature was above the 100 - 116 degrees rnoon of 9/13/23 DHSR hot water temperature er temperatures of 138 - 140 in both the female and male acility clients used both g and showering. This is a Type A2 violation for rious harm and must be ays. An administrative imposed. If the violation is 23 days, and additonal y of \$500.00 per day will be y the facility is out of	V 752					

Division of Health Service Regulation

STATE FORM 6899 NXKX11 If continuation sheet 4 of 4