Division of	of Health Service Regu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL096-282	B. WING	DHOD	09/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE	- Mental Health
CLAIBOR	NE PLACE GROUP HOM	E SANCE OF THE PROPERTY OF THE	H CLAIBORNE PRO, NC 2753		CT 1 0 2023
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BET Section PLETE
∨ 000	13, 2023. A deficience This facility is license category: 10A NCAC Living for Adults with This facility is license.	s completed on September by was cited. d for the following service 27G .5600A Supervised Mental Illness. d for 6 and currently has a	V 000	V 752 Keen Plumbir assessed the water tempe	hot rature-
V 752	audits of 3 current clie 27G .0304(b)(4) Hot		V 752	Replace all Necessary - The correcte	to maintain
12	EQUIPMENT (b) Safety: Each facil constructed and equipmensures the physical visitors. (4) In areas of exposed to hot water.	ity shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116		temperatur The temperatur is checked monthly on	twice
	failed to maintain wat 100 and 116 degrees	as evidenced by: ew and interviews the facility er temperatures between Fahrenheit in areas where hot water. The findings		Shift- ¿ Document Staff will C to monitar th	on tinele ne hot
	water temperature ch 6/24/21 and ranged b Fahrenheit and 111 d	ealed the last documented ecks were completed etween 100 degrees egrees Fahrenheit.		water tempo in all Bath and Kitche twice mont	rooms
Division of Hea	alth Service Regulation	/13/23 client #2 stated:		^ / TITLE	(X6),DATE
LABORATORY I	DIRECTOR'S OR PROVIDERS	Muller REPRESENTATIVES SIGNATURE	6()0	record	10/3/2025
STATE FORM	/ //	The second	6899	NXKX11	If continuation sheet 1 of 4

Division	of Health Service Regu	lation			FORM APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL096-282	B. WING		09/13/2023
NAME OF P	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	ATE, ZIP CODE	
CLAIBOR	NE PLACE GROUP HOM		H CLAIBORN PRO, NC 2753		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 752	Continued From page	1	V 752	Staff will do	coment
	independently If the water was too water."	ate the water temperatures not, he "turned on the cold njured by the hot water at		the monthly and keep do where it is	temperara
	her to take showers or - She "screamed about bath water was too ho During interview on 9/- He was able to regular independently He had never experies	troom was "too hot." the water temperatures for baths. t 3 days ago" because the t. 13/23 client #5 stated: ate water temperatures enced any issues with the		to DHHS. All document will be monitory the Gro	tation
	Service Regulation (Di-Biennial Residential Te-The facility's biennial 9/13/23. At approximately 2:45 temperatures in the fer and shower/tub were 1 and 140 degrees Fahre bathroom sink and sho-The hot water heater down and water in the running for approximate water heater tanks and temperatures. He instructed the Groboth bathrooms and to for assistance" to regulatemperatures.	3/23 the Division of Health HSR) Construction Section am Leader stated: survey was conducted in pm the hot water male clients' bathroom sink 38 degrees Fahrenheit enheit in the male clients' wer/tub. It is the mostat was adjusted showers/tub was left ely 30 minutes to drain the decrease the hot water with the manager "to lock thave the clients ask her		Manager. When temperar Reading are a 116- Keen Pla will be calle adjust tempera Consumers w be allowed that Bothroom temperature is	d to ature. illnot to used iuntil

PRINTED: 09/22/2023 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING MHL096-282 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **404 SOUTH CLAIBORNE PLACE** CLAIBORNE PLACE GROUP HOME GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 752 Continued From page 2 V 752 to examine the hot water heaters and to make any necessary repairs. - 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 were checked and documented every shift. - She "never got a high temperature" when she checked the water temperatures. - She "did not know" where the water temperature check sheets were located; "They aren't in the book." - A plumber came to the facility and turned the

Division of Health Service Regulation

and clients safety."

heaters.

water to the bath tubs/showers off; he would return to the facilty in the morning and make some repairs/adjustments to the water heaters. She advised the clients they could take showers after the plumber made repairs to the water

Review on 9/13/23 of the Plan of Protection dated 9/13/23 written by the Group Home Manager

- "What immediate action will the facility take to ensure the safety of the consumers in your care? Contacted plumber coming today and tomorrow. Monitoring the water for client use to ensure their safety. Running showers to go back to acceptable range. Locking doors (bathroom doors) and having staff available to utilize the bathrooms. - Describe your plans to make sure the above happens: I will follow up with plumbing if they do not arrive as scheduled. Will notify all staff to check water temp (temperature) for their safety

Facility clients had diagnoses that included Schizoaffective Disorder, Schizophrenia and

NXKX11

Division of Health Service Regulation

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL096-282	B. WING_		09/	/13/2023	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CLAIBOR	RNE PLACE GROUP HOM	E	i CLAIBORI RO, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 752	various medical condition checks were not documenths, therefore it was how long the water ter acceptable range of 10 Fahrenheit. The aftern Construction Section hochecks revealed water degrees Fahrenheit in clients bathrooms. Fai bathrooms for bathing deficiency constitutes a substantial risk of serio corrected within 23 day penalty of \$500.00 is in not corrected within 23	tions. Water temperature mented for a year and two as impossible to determine imperature was above the 20 - 116 degrees moon of 9/13/23 DHSR mot water temperature is temperatures of 138 - 140 both the female and male cility clients used both and showering. This a Type A2 violation for the sharm and must be yes. An administrative imposed. If the violation is days, and additional of \$500.00 per day will be the facility is out of	V 752				

Division of Health Service Regulation

HUGUST 2023

Revised 7/22/2007	al control of the con			8-31-23 pm	8-18-23 Fm	83-23 Dans	Date / Time	Group Home Name C
			************	103	100	101	Kitchen Water temp	Group Home Name Clauboura Place Check Once a Wook Monthly
		es e	***************************************	106	105	104	Bathroom Water temp	Cloff
			***************************************	801	111	113	Water temp	(Water Temp needs to
				= 22	1114	112	Bathroom # 2 Water temp	(Water Temp needs to be between 110 degrees to 116 degrees) (usually most accurate in the morning)
			***************************************				Staff Initials	ns to 116 degrees)

Group Home Name Check Once a Week	Group Home Name CLAHBOTTE PARCE	ec	(Water Temp needs to	eds to be between 110 degrees to 116 degrees)	to 116 degrees)
Date / Time	Kitchen Water temp	Starr Bathroom Water temp	Bathroom # 1 Water temp	Bathroom # 2	Staff Initials
6.2-23 10:00	101	102	108	110	
10 - 18					
6-1323 Bm	100	104	167	112	
6 70 22 1100	5	>			
UND CU-O.D.O	101	105	110	111	
				*	
Revised 7/22/2007					

CON ANN

			 ****	,		,				R.	Aller Control		a Se
Revised 7/22/2007			***************************************	-	(May 30-23 "	10000	May 24-23	M SPI	May 9-23 Pm	2	Date / Time	Check Once a Week - CACh pers
			*************			100		101	3	102	temp	Kitchen Water	Chack Once a Week - each person shift-morth u
			 ***************		The second secon	101		105		106	temp	Bathroom Water	Shift-morthly
			***************************************		A. of the street	108		109		[1]	diversions.	-	(Water Temp needs to
			***************************************			1/4		113		112	Water temp		(Water Temp needs to be between 110 degrees to 116 degrees)
			***************************************								Staff Initials	(Billion	s to 116 degrees)

HPRIL 2023

Revised	-		 - ,		+ 1	Date	Chee
Revised 7/22/2007		, , , , , , , , , , , , , , , , , , , ,	T-30, 23 PM	-3	4,72,72,48		P Home Name
		***************************************	101	102	100.0	Kitchen Water temp	Check Once Work Check and Month
		***************************************	107	109	108	moo.	Staff Control of the
		*****************	//3	116	1/14	Water temp	(Water Temp needs to
		***************************************	1/2	113	111	Bathroom # 2 Water temp	(Water Temp needs to be between 110 degrees to 116 degrees) (usually most accurate in the morning)
		***************************************				Staff Initials	s to 116 degrees)

MARCh 2023

Revised 7/22/2007				5-50-23 7pm	32323 9AM	Date / Time	Group Ho
/2007		***************************************		3 Jpm	3 9AM	-	me Name
		***************************************		102.0	100.0	Kitchen Water temp	Group Home Name ClAHEOME Check Once per Month
	¥			1/2	110	Staff Bathroom Water temp	Month
		***************************************		113	1/2	Bathroom # 1 Water temp	(Water Temp needs to
		***************************************		110	1/3	Bathroom # 2 Staff I	(Water Temp needs to be between 110 degrees to 116 degrees)
		***************************************				Staff Initials	to 116 degrees)

KEEN PLUMBING COMPANY

P.O. BOX 1796 GOLDSBORO, NORTH CAROLINA 27533-1796 (919) 735-1920

1.00 THERMOMETER WELL

INVOICE NUMBER

00189174

INVOICE DATE

L	CHCWAY Chc Pf Wayne Co. A R C 5509-A W. Friendly Suite 101 Greensboro, MC 27410	J L O O B C A 404 S CLAIBORME I
		N

Control of the Contro			
Quantity	Description	Price	Amount
	9/14/23 SERVICE TO INVESTIGATE HOT WATER IS AM TJ	SUE	ere vert vert vert met dans der vert vert vert ver
4.00 6.00 2.00 1.00 1.00 1.00 2.00 15.00 1.00 1.00	3/4 PROPRESS 90 3/4 PROPRESS ST 90 3/4 PROPRESS TEE 3/4X1/2 PROPRESS REDUCER 3/4 PROPRESS CAP	135.0000 15.8600 9.0600 9.1100 14.8100 23.7800 17.5000 12.3900 68.9000 6.9200 1579.3600 1.5000 1.5000 3.9900 6.4100 3.8600	810.00 63.44 54.36 18.22 29.62 23.78 17.50 12.39 137.80 161.60 103.80 1579.36 116.57 1.50 3.99 6.41 3.86
1.00	LIQUI-LOC TOILET FLANGE	4.0000 11.8800	4.00 11.88
4 Ca7a	TOTAL EDITION SHAFTED THE INTERNAL TOTAL AND A CONTRACT OF THE ADMINISTRATION OF THE ADM	***	

22.0800

22.08