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							
			A. BOILDING.									
		MHL024-116	B. WING		02/2	1/2024						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
LCBHS-GEORGIA PACIFIC ROAD 2858 GEORGIA PACIFIC ROAD WHITEVILLE, NC 28472												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE							
V 000	INITIAL COMMENTS		V 000									
	An annual survey was completed on February 21, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for individuals of all Disability Groups (Residential),											
		sed for 1 and currently has a urvey sample consisted of 1										
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752									
	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.											
	water temperatures 100-116 degrees F	et as evidenced by: ion and interview, the facility were not maintained between ahrenheit in areas where ed to hot water. The findings										
	10:30am revealed: -The hot water tem 122 degrees Fahre	perature at the kitchen sink										

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY								
		IDENTIFICATION NUMBER:	A. BUILDING:	<u></u>	COMPLETED								
		MHL024-116	B. WING		02/2	1/2024							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
		2858 GEO	RGIA PACIF										
LCBHS-GEORGIA PACIFIC ROAD WHITEVILLE, NC 28472													
(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) COMPLET DATE									
V 752	Continued From page 1		V 752										
V 752	Interview on 2/21/2 (CEO) stated:	4 the Chief Executive Officer up to ensure the proper range	V 752										

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Division of Health Service Regulation STATE FORM