STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-159	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD FACILITY	2002-G SHACKLEFORD ROAD KINSTON, NC 28502

(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	INITIAL COMMENTS A complaint and follow up survey was completed on March 13, 2024. The complaint was unsubstantiated (intake #NC00214384). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents. This facility is licensed for 18 and currently has a census of 14. The survey sample consisted of an audit of 1 current client.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 3/12/24 between 11:30 am - 12:15 pm during a tour of the facility revealed: Unit 1 Pod A -Client #3's air vent had heavy dust and there was purple writing, brown stains and white areas on the walls. -The grout in the hall bathroom shower was brown. Client #4 had unpainted ply board behind his bed, a crack in the wall by the entrance door beside	V 736		

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V 736	Continued From page 1 the light switch. -The day room had brown stains on the ceiling and various writing on the walls. Unit 2 Pod A -The light fixture in the day area had no cover. -The wall light fixture in the hall had not cover. -The grout in the hall's bathroom was brown. Pod B -The hall light fixture on the wall had no cover. -A sofa was missing two back cushions. -Client #7 had white plastered area under his window. Unit 3 Pod A -Client #11 had a white plastered area behind -Client #12 had 2 white plastered areas beside his window and the door was chipped away at the top on the right side. -The wall light fixture on the wall in the hall had no light bulbs and no cover. Pod B -The day area had a green substance in various places of the ceiling and the sofa's fabric was peeling. Interview on 3/12/24 the Qualified Professional stated the facility was in the process of installing new light fixtures. Interview on 3/13/24 the Director stated stated she understood the facility was required to be maintained in a safe, clean, attractive and orderly manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		

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