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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BOILDING.				
		MHL074-284		B. WING		12/0	04/2024	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
EASTER	EASTERSEALS PORT HEALTH-GREENVILLE [203 GOVERNMENT CIRCLE GREENVILLE, NC 27834							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS			V 000				
	An annual survey was completed on December 4, 2024. A deficiency was cited.							
	This facility is licensed for the following service: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.							
	This facility is licensed for 10 and has a current census of 6. The survey sample consisted of audits of 3 current clients.							
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.		V 736					
	This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are:							
	of the facility reveal - A brown stain appreciling above the carlo - Room #145 had on the shower; several on the white shower plastered area left approximately 1/2 from #148 had rebathroom sink The triage room had various sized and several reveals.	proximately 3-5 inches abinets in the laundry lark stains in between eral various sized darker curtain; an unfinishes ide of bottom door fra	on the room. the tile stains ed ame					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	MHL074-284	B. WING		12/	04/2024	
NAME OF PROVIDER OR SUPPLIER EASTERSEALS PORT HEALTH-GREENVILLE [GREENVILLE, NC 27834 STREET ADDRESS, CITY, STATE, ZIP CODE 203 GOVERNMENT CIRCLE GREENVILLE, NC 27834						
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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	
approximately 12 ind sink; the caulking ar top had dark stains. Room #153 had particle doorway to the bath the shower was rust edges; the tile in the between it. The blinds in the kineavy dust; the botte sink had multiple dasizes and the pain was a the pain w	k stains in the tile wall ches on the left side of the round the top of the sink at the room; the sprinkler head over the sprinkler head over the sprinkler head over the sprinkler head over the sink had om of the cabinet under the rown of the cabinet under the facility 3 days and it was replicated to the Qualified Professional accommand at the facility. The Complaints from the clients of the Supervisor/Registered towned by the local department the social services' building ment had been notified of					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
		MHL074-284	B. WING		12/0	04/2024
	PROVIDER OR SUPPLIER	203 GOV	DRESS, CITY, S	STATE, ZIP CODE		
EASTER	SEALS PORT HEALT	H-(4RFENVILLE I	LLE, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 BE	(X5) COMPLETE DATE
V 736	they are in the proc head replaced. - The facility was cl	ge 2 ess of getting the sprinkler eaned daily Monday-Friday. be moving to a new building in	V 736	DEFICIENCY		

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