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	
			7t. Bolebiito.			
		MHL078-276	B. WING		05/0	7/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TANGLEWOOD ARBOR 207 WEST 29TH STREET LUMBERTON, NC 28358						
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey w A deficiency was ci	vas completed on May 7, 2025. ted.				
	This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification-Individuals who are Substance Abusers and 10A 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.					
	.3100 Non-hospital Detoxification-Indiv Abusers has a curr .5000 Facility Base of all Disability Gro. The survey sample current clients in the for Individuals of al current client in the	current census of 15. The Medical riduals who are Substance rent census of 6 and the .4400 d Crisis Service for Individuals ups has a current census of 9. consisted of audits of 2 e Facility Based Crisis Service I Disability Groups and 1 Non-hospital Medical riduals who are Substance				
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each factors and expensive the physic visitors. (4) In areas of exposed to hot wat water shall be main degrees Fahrenheim					
		et as evidenced by: ion and interviews the facility				

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

(X6) DATE TITLE

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			A. BUILDING:					
		MHL078-276	B. WING		05/0	7/2025		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
TANGLEWOOD ARBOR 207 WEST 29TH STREET LUMBERTON, NC 28358								
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V 752	Continued From page 1		V 752					
		ne water temperature between ahrenheit. The findings are:						
	Observation on 5/7/25 at appropriately 10:05 am a tour of the facility revealed: -Hot water temperature in the C hall at the shower was 88 degrees Fahrenheit.							
	Interview on 5/7/25 -She could not get hall.	client #15 stated: the water warm enough on C						
	-Clients complain "o	Direct Care Staff #1 stated: every once in a while" about being too cold. day water on C hall wasn't						
	stated: -"The water is too conclients had complewater temperatureThere were month inspections doneShe had not report	ained for months about the						
	stated: -No clients had contoo cold"Clients have said certain hall bathroowarmer." -Water temperature on all water in the fa-The temperature ratio-113 degrees Fa	eadings were between						

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STATE FORM 6899 DMVF11 If continuation sheet 2 of 3

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V 752	Continued From pa	ge 2	V 752						
	temperature and make adjustments.								

6899

Division of Health Service Regulation STATE FORM