Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
MHL063-114			B. WING		08/3	08/20/2025		
	PROVIDER OR SUPPLIER SEALS PORT HEALT	H-ABERDEEN	204 NOR	TH PINE STR	STATE, ZIP CODE			
			ABERDE	EN, NC 2831	5			
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	ON SHOULD BE COMPLÉTE BE APPROPRIATE DATE		
V 000 INITIAL COMMENTS			V 000					
	An annual survey w 2025. A deficiency	vas completed on Aug was cited.	ust 20,					
	This facility is licensed for the following service category: 10A NCAC 27G .5600D Supervised Living for Minors with Substance Abuse Dependency.							
		sed for 9 and currently urvey sample consiste clients.						
V 736	27G .0303(c) Facili	ty and Grounds Mainte	enance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a saf	B03 LOCATION AND IREMENTS dits grounds shall be e, clean, attractive and e kept free from offen						
		ion and interview, the t I in a clean, safe, and	facility					
	a.m. of the Kitchen	er was stained with bla						
	#2 revealed: -black stains of var	9/25 at 11:05 a.m. of E ious sizes on the carp fiber missing from two	et.					
	Observation on 8/1 Living room revealed	9/25 at 11:10 a.m. of t ed:	he					

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
MHL063-114		B. WING		08/2	08/20/2025					
NAME OF PROVIDER OR SUPPLIER  EASTERSEALS PORT HEALTH-ABERDEEN  STREET ADDRESS, CITY, STATE, ZIP CODE  204 NORTH PINE STREET BLDG B  ABERDEEN, NC 28315										
(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 APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE				
V 736	-two slats broken in -one slat broken in one slat broken in Observation on 8/19 #3 revealed: -one slat broken on -outlet wall plate wa -ceiling vent grill broken on 8/19 Bathroom #1 revea -mirror over sink ha (disilvering/mirror reand edges of the management of the shower floor was sublack stains locate -approximate 6" to shower floor was sublack stains locate -approximate 6" to slinen closet door was of the management of the shower sink has (disilvering/mirror reand edges of the management of the shower curtain linterview on 8/20/29 revealed: -She was aware of walls, stains around carpet stains and the she generated a was maintenance had no repairs.	half on blind #1. half on blind #2.  9/25 at 11:15 a.m. of Bedroom  blind. Is missing. oken.  9/25 at 11:20 a.m. of led: d blotched marks ot) around the entire mirror irror. tained with pink dye. d on outside base of shower. 7" hole in wall. ould not close properly.  9/25 at 11:25 a.m. of led: d blotched marks ot) around the entire mirror irror. 5" hole in wall. ould not close properly. was stained with rust marks. hanging from the shower rod. 5 with the Program Supervisor the holes in the bathroom If the bathroom windows, hat blinds were missing slats. Fork order to maintenance, but ot been to the facility to make	V 736							

Division of Health Service Regulation

STATE FORM 8QVD11 If continuation sheet 2 of 2