Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED R 09/12/2025	
		mhl025-020	B. WING	l l		
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
SPENCE	R'S PLACE	_*	'H STREET RN, NC 28560	1		
(X4) ID PREFIX TAG	(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 T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000				
	on September 12, 2 This facility is licens category: 10A NCA Living for Adults wit This facility is licens	sed for 6 and currently has a				
V 752	audits of 3 current of	urvey sample consisted of clients. It Water Temperatures	V 752			
V 732	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	out FACILITY DESIGN AND cility shall be designed, uipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116	V 132			
	facility's water temp	et as evidenced by: ons and interviews, the perature was not maintained egrees Fahrenheit. The				
	10:25am revealed: - The hot water tem was 120 degrees F - The first client bat temperature of 120	11/25 at approximately perature in the kitchen sink ahrenheit. hroom sink had a hot water degrees Fahrenheit. 25 client # 1 stated he had no				

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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 CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		mb1025_020	B. WING		R 09/12/2025					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
SPENCER'S PLACE 201 NINTH STREET NEW BERN, NC 28560										
(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 752	concerns related to temperature. Interview on 09/11/2 concerns related to temperature. Interview on 09/11/2 Residential Manage	the facility hot water 25 client # 2 stated he had no the facility hot water 25 and 09/12/25 the er stated she would follow up that hot water temperature to be	V 752							

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