PRINTED: 09/06/2022 FORM APPROVED

Division of Health Service Regulation

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE S | |
|--------------------------|---|--|---------------------|--|-------------|--------------------------|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: _ | | COMPL | ETED |
| | | HAL085011 | B. WING | | 08/2 | R 25/2022 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| MOUNTAL | N VALLEY LIVING CENT | ER 1135 TAYLO | | | | |
| | | WESTFIELI | D, NC 27053 | | | T |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 000 | Initial Comments | | D 000 | | | |
| | County Department of | sure Section and the Stokes of Social Services conducted up survey on 08/24/22 with on 08/25/22. | | | | |
| D 113 | 10A NCAC 13F .0311 | (d) Other Requirements | D 113 | | | |
| | (d) The hot water system provide an adequate kitchen, bathrooms, laclosets and soil utility temperature at all fixt be maintained at a m (38 degrees C) and s | Other Requirements stem shall be of such size to supply of hot water to the aundry, housekeeping room. The hot water ures used by residents shall inimum of 100 degrees F hall not exceed 116 degrees This rule applies to new and | | | | |
| | This Rule is not met TYPE A2 VIOLATION | | | | | |
| | reviews, the facility fatemperatures were m 100 degrees Fahrenh 116°F for 8 of 11 wate included 8 sink fixture | ns, interviews, and record illed to ensure the hot water aintained at a minimum of neit (°F) to a maximum of er fixtures sampled which es with hot water from 124 degrees F to 132 | | | | |
| | The findings are: | | | | | |
| | | s census report provided on e facility's in-house census | | | | |
| | Review of the local E | nvironmental Health | | | | |

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

(X6) DATE TITLE

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO A. BUILDING: | | | E SURVEY PLETED |
|--------------------------|--|--|----------------------------------|---|-----------------------------------|--------------------------|
| | | HAL085011 | B. WING | | 08 | R 3/25/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATE, | ZIP CODE | , , | |
| | | 1135 TAY | LOR ROAD | | | |
| MOUNTAI | N VALLEY LIVING CENT | ER WESTFIE | ELD, NC 27053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D 113 | Continued From page | e 1 | D 113 | | | |
| D 113 | department annual in revealed: -There was a citation temperature of 127 diresident room #105. -There was no documany information to shit temperature was correctly for July 2022 and reventer were 15 documented as 125 degreented was 125 degr | on the report for a hot water egrees F at the sink in mentation of a follow-up for ow the hot water eected. s hot water temperature log ealed: mented hot water arious residents' rooms. Erature in resident room es F. temperatures were degrees or less. s hot water temperature log revealed: mented hot water arious residents' rooms. Erature in resident room es F. temperatures were degrees or less. shot water temperature log revealed: mented hot water arious residents' rooms. Erature in resident room es F. temperatures were degrees or less. atthroom in resident room es G. S. | D 113 | | | |
| | room #107 on 08/24/2 -They never turned the They had not gotten because they were be to their comfort level. | 22 at 9:40am revealed: ne hot water on fully. burned by the hot water oth able to mix in cold water | | | | |

Division of Health Service Regulation

STATE FORM 6899 N0BL11 If continuation sheet 2 of 9

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|---|---------------------|--|-------------------------------|
| ANDILAN | or doring of the state of the s | IBENTI IOATION NOMBER. | A. BUILDING: _ | | |
| | | HAL085011 | B. WING | | R 08/25/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | |
| MOUNTAI | N VALLEY LIVING CENT | ER 1135 TAYL | OR ROAD | | |
| | | WESTFIEL | D, NC 27053 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE |
| D 113 | Continued From page | e 2 | D 113 | | |
| | water system or made the hot water. | e any adjustments to lower | | | |
| | #101 on 08/24/22 at 9 | erature at the sink was 130 n. | | | |
| | #101 on 08/24/22 at 9 -The water coming from heat up, but once it would be adding in cold waterThe water had been to the facility four year. | om the sink took a while to vas hot, "it got really hot." | | | |
| | #103 on 08/24/22 at 9 -The hot water comin #103 was 126 degree | g from the sink in room | | | |
| | #103 on 08/24/22 at 9 -She did not know ab -She did not get burn cold water. | | | | |
| | #110 on 08/24/22 at 9 -The hot water tempe and there was visible | erature was 128 degrees F | | | |

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STATE FORM 6899 N0BL11 If continuation sheet 3 of 9

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|--|--|---------------------|---|-------------------------------|
| | | | 7. BOILDING. | | R |
| | | HAL085011 | B. WING | | 08/25/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | |
| MOUNTAI | N VALLEY LIVING CENT | 1135 TAYL | | | |
| | 0.000000 | | D, NC 27053 | DD0/4D5D/0 D/ AV 05 00DD507/0 | |
| (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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE COMPLETE |
| D 113 | Continued From page | ÷ 3 | D 113 | | |
| | _ | othroom in resident room 9:35am revealed the hot as 124 degrees F. | | | |
| | #106 on 08/24/22 at 9 -She had not noticed too hot. | ident who resided in room 0:40am revealed: the water temperature being list the water temperature to | | | |
| | #102 on 08/24/22 at 9 | rature at the sink was 124 | | | |
| | #102 on 08/24/22 at 9 -She did not turn the on because she was -She had been burne aware not to turn the | ident who resided in room 9:33am revealed: hot water faucet all the way afraid of getting burned. d in the past, so she was water faucet all the way on. et just a little and added in | | | |
| | #104 on 08/24/22 at 3 | rature at the sink was 122 | | | |
| | Based on observatior interview it was determ #104 was not intervie | mined the resident in room | | | |
| | Observation of the ba | throom in resident room | | | |

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STATE FORM 6899 N0BL11 If continuation sheet 4 of 9

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | | | | R | |
| | | HAL085011 | B. WING | | 08/25/2022 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, STAT | E, ZIP CODE | | |
| MOUNTAL | N VALLEY LIVING CENT | 1135 TAY | LOR ROAD | | | |
| MOUNTAI | N VALLEY LIVING CENT | WESTFIE | LD, NC 27053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D BE COMPLET | ΓE |
| D 113 | Continued From page | e 4 | D 113 | | | |
| | | 11:37am revealed the hot the sink in room #105 was | | | | |
| | #105 on 08/24/22 at -She had not gotten be temperature in the base of the felt the hot was he turned on the column. She did not spend metals at the felt the hot was he turned on the column. She did not spend metals at the felt t | ourned by the hot water athroom. ter temperature was too hot, | | | | |
| | Observation of the facility's thermometer used to obtain hot water on 08/24/22 at 11:19am revealed the thermometer was digital and could not be calibrated. | | | | | |
| | to obtain hot water te 11:23am revealed: -One thermometer ca | urveyors' thermometers used emperatures on 08/24/22 at alibrated at 32 degrees F. meter calibrated at 30 | | | | |
| | care aide (PCA) on 0 revealed: -She was aware the lhighShe assisted all resishowering/bathingShe always turned of adjustment to her conthe resident to test the comfortable for them. | hot water temperatures were dents with on the hot water and made mfort level, then she asked le water to make sure it was | | | | |

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the temperature.

STATE FORM 6899 N0BL11 If continuation sheet 5 of 9

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | CONSTRUCTION | (X3) DATE S | |
|-------------------------------|--|--|-------------------------|--|-------------|--------------------------|
| AND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER. | A. BUILDING: _ | | COMPLI | ובט |
| | | HAL085011 | B. WING | | 08/2 | 5/2022 |
| NAME OF D | | | DEGG OITY OTA | TE 7/10 0000E | 1 00/2 | OIZUZZ |
| NAME OF PI | ROVIDER OR SUPPLIER | | ORESS, CITY, STA | TE, ZIP CODE | | |
| MOUNTAIN VALLEY LIVING CENTER | | | OR ROAD .D, NC 27053 | | | |
| (V4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | <u> </u> | PROVIDER'S PLAN OF CORRECTIO | N | (V5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 113 | Continued From page | e 5 | D 113 | | | |
| | | | | | | |
| | -She did not assist the residents' when using the hot water in their private bathroom. | | | | | |
| | Interniew with the De | sident Cons Coordinator | | | | |
| | (RCC) on 08/24/22 at | sident Care Coordinator | | | | |
| | ` ' | had its own bathroom with a | | | | |
| | sink for hand washing | | | | | |
| | -Every month she che | ecked the hot water | | | | |
| | temperatures at every | • | | | | |
| | | hot water temperature | | | | |
| | should not rise above | • | | | | |
| | | t the hot water temperature | | | | |
| | above 116 degrees F | room #105, was always | | | | |
| | • | or aware of the hot water | | | | |
| | temperature in July 2 | | | | | |
| | | ns and she did not make the | | | | |
| | - | careful when turning on the | | | | |
| | hot water. | | | | | |
| | Interview with the Direction 10:58am revealed: | ector on 08/24/22 at | | | | |
| | -Today, 08/24/22, afte | er she was made aware of | | | | |
| | | atures, she posted signs to | | | | |
| | warn the residents to | use caution when turning on | | | | |
| | the hot water. | | | | | |
| | | ty health department did | | | | |
| | | ne 2022, she was made ent room had a hot water | | | | |
| | temperature of 127 de | | | | | |
| | • | ne hot water temperatures | | | | |
| | monthly. | porataroo | | | | |
| | • | not water temperature in | | | | |
| | resident room #105 a | llways had a hot water | | | | |
| | temperature of 125 de | | | | | |
| | | d called someone to come | | | | |
| | | nigh hot water temperature, | | | | |
| | but they never showe | | | | | |
| | -She did not attempt take care of the hot w | to contact anyone else to vater temperature. | | | | |

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| STATEMENT | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE S | |
|--------------------------|---|---|---------------------|---|-------------|--------------------------|
| | | | A. BOILDING. | | R | , |
| | | HAL085011 | B. WING | | 1 | 5/2022 |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| MOLINITAL | N VALLEY LIVING CENT | ED 1135 TAYL | OR ROAD | | | |
| MOONIA | N VALLET EIVING GENT | WESTFIEL | D, NC 27053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 113 | Continued From page | e 6 | D 113 | | | |
| | Interview with the ser plumbing company or revealed: -He got a call today, fregarding the water teached a bad mixing valvathe hot water for the than 140 degrees Findered Because the mixing heater did not know to the kitchen, and it was rooms insteadThe parts had to be couple of days to get the hot water tankThe best thing was to on the hot water. Interview with the Adr 10:30am revealed: -The Director designate week to check the was room in the facilityIf a water temperature, the staff who check was responsible for my who was responsible immediately and also heads upThe Director emailed from the facility every | rivice technician from the n 08/24/22 at 2:46pm from the facility's Director emperatures being too hot. er tank had two bad valves we. It kitchen had to be greater in order to properly sanitize. valve was bad, the hot water to send the hottest water to s going to the residents' It is, but not today. Ordered and it might take a them delivered and put on the ouse caution when turning ministrator on 08/25/22 at ated a staff person every after temperatures in every are was above 116 degrees and the water temperature of the water temperature of the water temperature of the plumber calling the plumber calling her to give her a definition of the ways between 100 degrees and the ways between 100 degrees ways between 100 degrees. | | | | |
| | temperatures being a | | | | | |

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STATE FORM 6899 N0BL11 If continuation sheet 7 of 9

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE S COMPLI | |
|--------------------------|--|--|---------------------|---|-----------------------|--------------------------|
| | | HAL085011 | B. WING | | 08/2 | 5/2022 |
| NAME OF PR | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | - |
| MOUNTAI | N VALLEY LIVING CENT | ER | D, NC 27053 | | | |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETE DATE |
| D 113 | responsibility to ensuraccurateShe knew the plumb facility a couple of time remember the dates of working onShe could not rementat the facility had last repaired. The facility failed to estemperatures for 8 of bathrooms were main degrees F. The hot we from 120 degrees F to temperature of 132 defirst degree burn after degree burn in 30 secondary aware of the hot water attempt to seek mean crisis to keep the resiresidents at substantic harm and serious negree A2 Violation. The facility provided a accordance with G.S. this violation. | er had been out to the les recently, but she did not or what they had been on the maintained or sure hot water the temperatures ranged to 132 degrees F. A water egrees F could result in a sure to recently and a second conds. The facility staff were the mere turned and to the temperatures and did not the storesolve the hot water dents safe, which placed the all risk of serious physical glect and constitutes a Type a plan of protection in 131D-34 on 08/24/22 for | D 113 | | | |
| D914 | G.S. 131D-21 Declar | laration of Residents' Rights ration of Residents' Rights ave the following rights: | D914 | | | |

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STATE FORM 6899 N0BL11 If continuation sheet 8 of 9

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| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE (A. BUILDING: | | (X3) DATE COMF | SURVEY |
|--------------------------|--|--|---------------------------------|--|----------------------------------|--------------------------|
| | | HAL085011 | B. WING | | 08 | R / 25/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | | DDRESS, CITY, STATI | E, ZIP CODE | | |
| MOUNTAI | N VALLEY LIVING CENT | ER | ELD, NC 27053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| D914 | Continued From page | e 8 | D914 | | | |
| | neglect, and exploitat | ion. | | | | |
| | facility failed to ensurand services which wand in compliance will laws and rules and rerequirements. The findings are: Based on observation reviews, the facility fatemperatures were mand 100 degrees Fahrenhaloe's for 8 of 11 water included 8 sink fixture temperatures ranging | and record reviews the e residents received care ere adequate, appropriate, th relevant federal and state egulations related to other es, interviews, and record eiled to ensure the hot water aintained at a minimum of er fixtures sampled which es with hot water from 124 degrees F to 132 and 134 from 124 degrees F to 135 frog 0113, 10A NCAC 13F | | | | |

Division of Health Service Regulation

STATE FORM 6899 N0BL11 If continuation sheet 9 of 9