## Received via electronic mail 09/21/22

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ON NUMBER:		(X3) DATE SURVEY COMPLETED
VIAD LEVIA	O CONNECTION	DENTIFICATION NOWDER.	A. BUILDING: _		
		HAL085011	B. WING		R <b>08/25/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
MOUNTAI	N VALLEY LIVING CENT	ER	OR ROAD LD, 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 000	Initial Comments		D 000		
	County Department of	sure Section and the Stokes of Social Services conducted oup 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 fa temperatures 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 leit (°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			
Divinier : 511	Review of the local E	nvironmental Health			
	alth Service Regulation DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Hannah Mecimore STATE FORM Director Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMILETED
		HAL085011	B. WING		R 08/25/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		1135 TAY	LOR ROAD		
MOUNTA	IN VALLEY LIVING CENT	ER WESTFIE	LD, 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	department annual in revealed:  -There was a citation temperature of 127 dresident room #105.  -There was no documany information to shit temperature was correctly for July 2022 and reverthere were 15 documented as 125 degreed. The hot water temperatures from variable was 125 degreed. The other hot water documented as 115 documented as 115 documented as 115 documented as 125 degreed. The other hot water temperatures from variable was 125 degreed.	on the report for a hot water egrees F at the sink in mentation of a follow-up for ow the hot water rected.  Is hot water temperature log ealed: Imented hot water arious residents' rooms. Is rature in resident room es F. Itemperatures were degrees or less.  Is hot water temperature log revealed: Inented hot water arious residents' rooms. Is rature in resident room es F. Itemperatures were degrees or less.  Is hot water temperature log revealed: Inented hot water arious residents' rooms. Is rature in resident room es F. Itemperatures were degrees or less.  In the moom in resident room es S. In the moom in resident room es S. In the sink was 132  Items are the sink was 132	D 113	The plumbing company came to adjust the water temperature the state guidelines rang. The plumbing company order part to be installed to address water issue.  The director will continue to on the water temperature daily of the part has been installed for next 30 days.  After the 30 days the facility of check water temperature were moving forward and the direct contact the plumbing compart the temperatures are above to below state guidelines.	re to red a s hot sheck once r the will ekly stor will ny if 9/24/22

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	CORPECTION IDENTIFICATION NUMBER		(X3) DATE SURVEY COMPLETED		
ANDILAN	or doring of the second of the	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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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					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.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	COMPLETE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		:150
		HAL085011	B. WING		R	5/2022
					1 00/2	3/2022
NAME OF P	ROVIDER OR SUPPLIER		ORESS, CITY, STA	TE, ZIP CODE		
MOUNTAIN VALLEY LIVING CENTER  1135 TAYL WESTFIEL			OR ROAD .D, NC 27053			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
D 113	Continued From page	e 5	D 113			
	-She did not assist the residents' when using the					
	hot water in their priva					
	Interview with the Res	sident Care Coordinator				
	(RCC) on 08/24/22 at					
	-Each resident room I	had its own bathroom with a				
	sink for hand washing	•				
	-Every month she che					
	temperatures at every	y sink in the facility. hot water temperature				
	should not rise above					
		t the hot water temperature				
		room #105, was always				
	above 116 degrees F					
		or aware of the hot water				
	temperature in July 2					
	-	ns and she did not make the				
	hot water.	careful when turning on the				
	Interview with the Director on 08/24/22 at 10:58am revealed:					
	-Today, 08/24/22, afte	er she was made aware of				
		atures, she posted signs to				
		use caution when turning on				
	the hot water.	tu boolth donortes = = t = i = i				
		ty health department did ne 2022, she was made				
		ent room had a hot water				
	temperature of 127 de					
	•	ne hot water temperatures				
	monthly.	·				
		not water temperature in				
		lways had a hot water				
	temperature of 125 de					
		d called someone to come				
	but they never showe	nigh hot water temperature,				
		to contact anyone else to				
	take care of the hot w					

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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			
WESTFIE			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 differ her water temperature logs of month and the ways between 100 degrees.				
	temperatures being a					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL085011	B. WING		R 08/2	5/2022
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1135 TAYLOR ROAD					7 33.2	··
MOUNTAIN VALLEY LIVING CENTER			DR ROAD 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 plumber facility a couple of time remember the dates of working onShe could not rememat the facility had last repaired.  The facility failed to entemperatures 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 residents 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 temperatures and did not us to resolve the hot water dents safe, which placed the all risk of serious physical glect and constitutes a Type	D 113			
D914	G.S. 131D-21 Declar Every resident shall h	laration of Residents' Rights ration of Residents' Rights ave the following rights: al and physical abuse,	D914			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
		HAL085011	B. WING		08	R / <b>25/2022</b>
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				

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