received via email 08/25/23

PRINTED: 08/04/2023 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	(X3) DATE SURVEY COMPLETED			
		HAL041052	B. WING		R 07/26/2	023
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE		
#ODNIN	GVIEW AT IRVING PA	DK	M STREET			
MOKININ'	GVIEW AT INVING PA	GREENSE	BORO, NC		- T	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	DBE C	(X5) OMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section conducted an annual and follow-up survey on July 25-26, 2023.			Responses to the cited deficienciencies		
				constitute an admission or agree	•	84
	annual and follow-u	p survey on July 25-26, 2025.		the facility of the facts alleged or		
D 113	10A NCAC 13F .03	11(d) Other Requirements	D 113	conclusions set forth in the states deficiencies, the plan of correction		
	10A NCAC 13F .03	11 Other Requirements		prepared solely as a matter of co	mpliance	
	nrovide an adequat	ystem shall be of such size to e supply of hot water to the	187	with the law.		
	kitchen, bathrooms	laundry, housekeeping		No. a		
	closets and soil utili	ty room. The hot water				
	temperature at all fi	xtures used by residents shall minimum of 100 degrees F				
	(38 degrees C) and	shall not exceed 116 degrees				
	F (46.7 degrees C). existing facilities.	This rule applies to new and				
	This Rule is not me TYPE B VIOLATION					
	interviews, the facili	ons, record reviews, and ty failed to ensure the hot				
		were maintained at a				
		grees Fahrenheit (F) to a grees F for 7 of 7 fixtures (6				
	sinks and 1 shower) located in residents' rooms				
	and used by the res	idents.			i i	
	The findings are:			Maintenance Director or designe	ee will	
	Observation of the	acility during the initial tour on		complete water temperature ch		
		am to 11:20am revealed:		immediately and ensure complia		
	-The facility was a t			regulatory requirement. Mainter		
		ided into Assisted Living (AL) ing a census of 37 residents		Director or designee will comple		
		Unit (SCU)located on the		temperature checks daily and wi		
	second floor with a	census of 14 residents.		a temperature logs to the Execut	•	
	Observation of the l	not water temperature at the		Director on a weekly basis to ens		
	bathroom sink of ro	om 134 on 07/25/23 at				
sion of He	alth Service Regulation	ER/SUPPLIER REPRESENTATIVE'S SIGI	MATURE	TITLE	(X6)	DATE

Executive Dueitor 8

STATE FORM

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Division	of Health Service Re	egulation	T	CONCEDUCTION	(X3) DATE	SURVEY	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		COMF	COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER.	A. BUILDING:			R	
		S 14/11/2			26/2023		
		HAL041052	B. WING		0712	2012023	
	evener on cumplific	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
NAME OF I	PROVIDER OR SUPPLIER		LM STREET				
MORNIN	GVIEW AT IRVING PA		BORO, NC 27	408			
				PROVIDER'S PLAN OF CO	RRECTION	(X5)	
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE EAPPROPRIATE	COMPLETE DATE	
IAG						-	
D 113	Continued From pa	age 1	D 113				
	9:35am revealed th	ne hot water temperature was					
		the state of the second			*		
	Interview with the r	esident who resided in room				1	
	-She used the sink	independently					
	-Staff assisted her	with her showers and adjusted	1				
	the shower water t	o a comfortable temperature.	1				
	-She never had an	issue where the water	1				
	temperature was to	oo hot because she adjusted					
	the water tempera	ture by mixing in some cold					
	water when using	en burned by hot water.					
	-She had hever be	ell buttled by flot water.					
	Observation of the	hot water temperature at the					
	bathroom sink of r	oom 136 on 07/25/23 at					
	9:40am revealed t	he hot water temperature was					
	122 degrees F.						
	Interview with the	resident who resided in room					
	134 on 07/25/23 a	t 9:43am revealed:					
	-She used the sink	independently.					
		ong time for the hot water to ge	t				
	hot.	the betweeter rupping in the					
	-She did not leave	the hot water running in the for it to get hot when she was					
	washing her hand	s or using the sink.					
	-Staff assisted her	with her showers and adjusted	d				
	the shower water	to a comfortable temperature.					
	-She never had ar	n issue where the water	1				
	temperature was t	oo hot because she adjusted					
	the water tempera	ture by mixing in some cold					
	water when using	tne sink. een burned by hot water.	1				
	-She had hever be	on burned by not water.	1				
	Observation of the	hot water temperature at the					
	hathroom sink of t	room 128 on 07/25/23 at		Α			
	9:45am revealed	the hot water temperature was					
	120 degrees F.		A.				

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 07/26/2023 B. WING. HAL041052 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 113 D 113 | Continued From page 2 Interview with the resident who resided in room 128 on 07/25/23 at 9:43am revealed: -She used the sink occasionally. -She knew to add cold water to the hot water if the water temperature needed adjusting. -Staff assisted her with her showers and adjusted the shower water to a comfortable temperature. -She never had an issue where the water temperature was too hot because she adjusted the water temperature by mixing in some cold water when using the sink. -She had never been burned by hot water. Observation of the hot water temperature at the bathroom sink of room 124 on 07/25/23 at 9:48am revealed the hot water temperature was 129 degrees F. The hot water temperature at the bathroom shower was 124 degrees F. Interview with the resident who resided in room 124 on 07/25/23 at 9:50am revealed: -She used the sink daily. -She showered independently. -Sometimes the hot water was very hot. -She had never been burned by hot water because she adjusted the water temperature by mixing in some cold water when using the sink and the shower. -She had not told staff the water was too hot because she just adjusted it. -She could not remember if a staff person checked the hot water temperatures. Observation of the hot water temperature at the bathroom sink of room 223, located on the second floor and next to the entrance to the SCU, on 07/25/23 at 9:58am revealed the hot water temperature was 124 degrees F. Interview with the resident who resided in room

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	egulation	(V2) MIJI TIPI E	CONSTRUCTION	(X3) DATE SU	
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPLET	TED
		HAL041052	B. WING		R 07/26/2023	
	DOMBED OF SUPPLIED		DRESS, CITY, ST	TATE, ZIP CODE		
	PROVIDER OR SUPPLIER	3200 N EI	M STREET			
MORNIN	GVIEW AT IRVING PA		BORO, NC 27	7408	011	(VE)
(X4) ID PREFIX TAG	/EACH DEFICIENCY	TEMENT 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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 113	Continued From pa	ge 3	D 113			
D II3	223 on 07/25/23 at -She bathed indeperature was to the water temperature was to the water before getting. She had never before water temperature about the water tershe was not awar burned by the hot water temperature. The residents that staff assistance we water temperature. The residents who bathing always had check the comfort before exposing the Observation of the bathroom sink of no 07/25/23 at 10:02at temperature was 1 Based on observation of the bathroom sink of no 07/25/23, it was deresided in room 23. Interview with a person of the SCU on 07/25/23. In the SCU, the recommon areas as day, so they were to the sinks and shall provide the sinks and shall pr	9:58am revealed: endently. issue where the water to hot because she adjusted ure by mixing in some cold g into the shower. en burned by hot water. edication aide (MA) on a revealed: ents had complained to her enperature being too hot. e of any residents being water temperatures. bathed independently without ere able to adjust their own s. o required staff assistance with d a staff member with them to level of the water temperature e resident to it. hot water temperature at the form 231 in the SCU on am revealed the hot water				

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 07/26/2023 B. WING HAL041052 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 113 D 113 Continued From page 4 -She never had a resident complain the water burned them or felt too hot. -The other staff had never reported the water feeling too hot. On 07/25/23 at 10:42am, an ice water slurry was used to check two surveyors' thermometers with a reading of 32 degrees F registered on both thermometers. Interview with the Executive Director (ED) on 07/25/23 at 10:50am revealed: -He was informed that signs needed to be posted alerting residents hot water temperatures were elevated and for residents to have assistance from staff before using the hot water. -The Maintenance Director was not available and was due back to work tomorrow on 07/26/23. -The ED would try to contact the Maintenance Director for guidance to adjust the hot water temperatures. -The ED would contact a plumber for assistance with adjusting hot water temperatures. Interview with a member of the maintenance staff on 07/25/23 at 11:15am revealed: -The Maintenance Director usually checked hot water temperatures weekly and recorded for corporate compliance. -He assisted occasionally with monitoring weekly hot water temperatures. -He used a heat detecting device for monitoring hot water temperatures. -He kept a log of the hot water temperatures he obtained. -He had not noticed hot water temperatures greater than 116 degrees F. -He would turn the hot water heater down and speak with the ED about trying to adjust hot water temperatures to be between 100-116 degrees F.

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Division of Health Service Regulation (X3) DATE SURVEY							
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COMPLE		
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBERS	A, BUILDING:		R		
		UAL 0440E2	B. WING		07/26	/2023	
		HAL041052		TATE ZIR CODE			
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S .M STREET	TATE, ZIP CODE			
MORNIN	GVIEW AT IRVING PA		SORO, NC 27	7408			
		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5) COMPLETE	
(X4) ID PREFIX	/EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE PRIATE	DATE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)			
	a " IF	E	D 113				
D 113	Continued From pa	ge 5					
	ol attho	facility on 07/25/23 at 12:00pm					
	Observation of the	e posted alerting residents of					
	elevated hot water	temperatures.					
	Interview with a PC at 9:50am revealed	A on the AL unit on 07/25/23					
	-Most of the reside	nts were assisted by staff with					
	bathing.						
	-No residents had	complained to her about the					
	hot water being too	ed any increase in the hot					
	water temperatures	s while assisting the residents.					
	-The PCAs adjuste	d water temperatures to the					
	residents' liking pri	or to starting their baths. intenance were responsible for					
	-The starr from ma	er temperature, not PCAs.					
	-The resident in roo	om 124 was independent for					
	bathing and staff d	id not assist her with baths.					
	Intervious with a fire	st shift MA on the AL unit on					
	07/25/23 at 9:48an	revealed:					
	-No resident had c	omplained about elevated hot					
	water temperature.	of any incident when a resident					
	informed her they	of any incident when a resident nad been burned by hot water					
	in their room.	,					
		N in the SCII on 07/25/23 of					
	3:45pm revealed:	A in the SCU on 07/25/23 at					
	-The staff never ex	rposed a resident to water					
	without first checki	ng the temperature on their					
	own skin.	CU were diligent about	1				
	checking the water	r temperature before letting the	1				
	residents touch it.	because the residents in the				l "	
	SCU were not able	e to express if the water was					
		e water temperature on their					
	ownThe residents in t	he SCU did not wash their					

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ 07/26/2023 B. WING HAL041052 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ΙD (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 113 D 113 | Continued From page 6 hands in the sink without staff present. -She never had a resident complain to her about the water being too hot or getting burned by hot water. Review of the available hot water temperature log on 07/26/23 revealed: -On 05/21/23, there were 5 hot water temperatures documented for residents' rooms ranging from 100 to 105 degrees F. -On 05/24/23, there were 5 hot water temperatures documented for residents' rooms ranging from 102 to 117 degrees F. -On 07/01/23, there were 3 hot water temperatures documented for residents' rooms ranging from 101 to 106 degrees F. -On 07/08/23, there were 3 hot water temperatures documented for residents' rooms ranging from 102 to 104 degrees F. -On 07/15/23, there were 3 hot water temperatures documented for residents' rooms ranging from 103 to 107 degrees F. Interview with the Maintenance Director on 07/26/23 at 8:45am revealed: -He was informed the facility's hot water temperatures were elevated above 116 degrees -The facility had a plumber attempt to adjust hot water temperature late on 07/25/23 and was unsuccessful. -The facility needed to replace the hot water mixing valve to completely correct the hot water temperature issue and one had been ordered. -Currently, the facility's 4 hot water heaters had been adjusted to maintain hot water temperature between 100-116 degrees F. -He would monitor hot water temperatures closely while the mixing valve was being replaced.

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-He was adjusting the hot water temperature this

Division	of Health Service Re	gulation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
			B. WING		R 07/26/2023
		HAL041052			
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST _M STREET	FATE, ZIP GODE	
MORNIN	GVIEW AT IRVING PA		BORO, NC 27	7408	ON (VE)
(X4) ID PREFIX TAG	/EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE
D 113	Continued From pa	ge 7	D 113		
	morning and would temperatures could	inform when the hot water I be rechecked.			
	Recheck of the bat 07/26/23 at 11:25a temperature was 1	hroom sink in room 134 on m revealed the hot water 08 degrees F.			
	Recheck of the bat 07/26/23 at 11:20a temperature was 1	hroom sink in room 136 on m revealed the hot water 08 degrees F.			
	Recheck of the bat 07/26/23 at 11:38a temperature was 1	hroom sink in room 128 on m revealed the hot water 10 degrees F.			
	Recheck of the bat 07/26/23 at 11:01a temperature was 1	throom sink in room 124 on m revealed the hot water 10 degrees F.			
	Recheck of the bat 07/26/23 at 11:04a temperature was 1	throom shower in room 124 on m revealed the hot water 10 degrees F.			
	Recheck of the ba 07/26/23 at 11:10a temperature was 1	throom sink in room 223 on m revealed the hot water 06 degrees F.			
	Recheck of the ba 07/26/23 at 11:01a temperature was 1	throom sink in room 231 on am revealed the hot water 104 degrees F.			
	Director was information	:30am, the Maintenance med hot water temperature e and signs in residents' room I hot water temperatures could			
	temperatures for 7 were maintained b	o ensure hot water 7 fixtures used by residents petween 100-116 degrees F			
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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 07/26/2023 B. WING_ HAL041052 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 113 D 113 Continued From page 8 related to hot water temperatures checked that ranged from 120-129 degrees F. A hot water temperature of 129 degrees F could result in a first degree burn in less than 30 seconds and a second degree burn in 1 minute. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/25/23 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 8, 2023.

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