Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED							
MHL047-153		B. WING 05			R 09/2018							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
MAJESTIC ALTERNATIVE SUPERVISED LIVIN(303 CARRIAGE LANE RAEFORD, NC 28376												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	IDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY)							
V 000 INITIAL COMMENTS			V 000									
	on May 9, 2018. A of This facility is licens	w-up survey was complated deficiency was cited. sed for the following service AC 27G .5600 F Supervised amily Living.										
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752									
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the stained between 100-116 t.										
	failed to maintain th	et as evidenced by: on and interviews the facility ne water temperature between ahrenheit. The findings are:										
	11:00 AM and 11:20 -The kitchen sink w degrees Fahrenheir -Bathroom #1's sinl degrees Fahrenheir	rater temperature was 126 t. c water temperature was 118 t. c water temperature was 124										
	-The facility failed to	with staff #1 confirmed: o maintain the water en 100-116 degrees										

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
MHL047-153			B. WING			R 5/09/2018						
NAME OF	PROVIDER OR SUPPLIER		STREET ADI		STATE, ZIP CODE	00/1	33/2010					
MAJESTIC ALTERNATIVE SUPERVISED LIVIN(303 CARRIAGE LANE RAEFORD, NC 28376												
(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 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE					
V 752	Continued From page 1			V 752								
	Interview on 5/9/18 -They had changed had been trying to a but it had been eith -She would have th so it would fall withit temperature range FahrenheitShe confirmed the water temperature Fahrenheit	with the Licensee revalue water heater last adjust the water temparer too cold or too hot. It is water temperature and the required water of 100-116 degrees facility failed to maint between 100-116 degrees stitutes a re-cited defi	year and arature, adjusted ain the rees									

6899

Division of Health Service Regulation STATE FORM