

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOLY ANGELS, INC-MORROW CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6600 WILKINSON BOULEVARD BELMONT, NC 28012
---	--

(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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 6-4-18. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .2200 Before/After School and Summered Developmental Day Services for Children with or at risk for Developmental Delays, Developmental Disabilities, or Atypical Development; 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities; 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups; 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Delays; 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that hot water temperatures were maintained between 100-116 degrees. The findings are:</p>	V 752		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOLY ANGELS, INC-MORROW CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6600 WILKINSON BOULEVARD BELMONT, NC 28012
---	--

(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	<p>Continued From page 1</p> <p>Observation on 6-4-18 at approximately 3:00 revealed:</p> <ul style="list-style-type: none"> -Water temperature in the bathing tub in bath area number 1 was 118 degrees -Water temperature in bath area number 2 was 120 degrees. -Dial on the water faucet read 120 degrees <p>Interview on 6-4-18 with the Quality Improvement Director revealed:</p> <ul style="list-style-type: none"> -The temperature is checked and reported to her weekly -They would get the temperature adjusted immediately. 	V 752		