		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
	ROVIDER OR SUPPLIER	MHL036-068	ADDRESS, CITY, STATE		06	5/21/2018
			IZABETH DRIVE			
	H GROUP HOME	DALLAS	S, NC 28034			
(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 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	An annual survey wa Deficiencies were cit	s completed on 6/21/18. ed.				
	category: 10A NCAC	d for the following service 2 27G .5600C Supervised se Primary Diagnosis is a bility.				
V 114	27G .0207 Emergend	cy Plans and Supplies	V 114			
	 AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that 	an shall be developed and				
	failed to ensure fire a	nd record review, the facility nd disaster drills were held were repeated for each				
	Disaster Drill Log rev -1st shift ran from 6a	f the facility's Fire and ealed: m-2pm, 2nd shift ran from shift ran from 10pm-6am;				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL036-068			04	06/21/2018	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		5/21/2010	
ELIZABET	TH GROUP HOME		IZABETH DRIVE 5, NC 28034				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 114	Continued From page 1 -No fire drill completed for 3rd shift during 1st quarter (January - March), 2018. The notation on the drill sheet for 3rd shift revealed "drill was not completed" and was signed by the House Manager/Qualified Professional; -No fire and disaster drill completed for 2nd shift during 3rd quarter (July - September), 2017. The notation on the drill sheet for 2nd shift revealed "due to new supervision and new procedures introduced in the facility, the September, 2017 fire/emergency drill was not executed" and was signed by the House Manager/Qualified Professional.		V 114				
	the rule area for fire a requirements due to conducting all drills d -The oversight result homes as House Ma and although she as the required drills, the out as instructed; -Will correct the fire a	rofessional revealed: ceive a deficiency cited in and disaster drill the oversight of not					
	EQUIPMENT (b) Safety: Each fac constructed and equi ensures the physical visitors.	Water Temperatures 4 FACILITY DESIGN AND ility shall be designed, ipped in a manner that safety of clients, staff and the facility where clients are	V 752				

Division of Health Service Regulation STATE FORM

6899

If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL036-068			06/21/2018		
NAME OF PI	ROVIDER OR SUPPLIER	I	ADDRESS, CITY, STATE			0/21/2010	
LIZABET	TH GROUP HOME		IZABETH DRIVE S, NC 28034				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 752	Continued From page 2 exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure that water temperatures be maintained between 100 and 116 degrees Fahrenheit. The findings are:		V 752				
	-Water temperature w at the kitchen sink; -Water temperature w in bathroom #1 (full to two client bedrooms	of the facility revealed: was 142 degrees Fahrenheit was 140 degrees Fahrenheit oathroom located between with private access for these n #2 (hallway half-bathroom), y full bathroom) and					
	Review on 6/20/18 o Client #3's records re -Needed assistance regulating water tem	and supervision with					
	revealed:	with Clients #1 and #2 as a result of the hot water acility.					
	Interview on 6/20/18 revealed: -No injuries or burns temperature at the fa	as a result of the hot water					

STATE FORM

545D11

If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Ulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL036-068			06	5/21/2018	
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	, ZIP CODE			
LIZABET	H GROUP HOME		S, NC 28034				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 752	Continued From pag	e 3	V 752				
	-After notification of the hot water temperatures being in the 140 degree Fahrenheit range, immediately went downstairs and shut off the pilot light to the hot water tank; -Recently had work completed approximately two weeks ago on the hot water tank and the repairmen must have set the temperatures too high.						
	-Recently had work of with the water at the -All water to the hous the repairs and then completion of the rep -Believes the repair of temperature too high -Has called the main	rofessional revealed: completed due to problems facility; se had to be shut off during turned back on upon pairs; crew put the water heater					
	written and signed by	f the Plan of Protection y the House rofessional dated 6/20/18					
		tion will the facility take to the consumer in your care?					
	water heater off (exti						
	Describe your plans happens.	to make sure the above					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		X3) DATE SURVEY COMPLETED	
			B. WING				
		MHL036-068			06	5/21/2018	
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE			
LIZABEI	H GROUP HOME		S, NC 28034				
(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) COMPLET DATE	
V 752	Continued From page	e 4	V 752				
	is in route to ensure to temperature is set. I Professional) will per comes to adjust and water temperature lo temperature in 2 local The facility was not so maintained resulting water temperatures of Fahrenheit. The clief Intellectual Developm mental health needs water temperatures in deficiency constitutes serious neglect and r days. An administrati imposed. If the violar 23 days, an additionar \$500.00 per day will	afely and effectively in clients being exposed to of 140 - 142 degrees nts were diagnosed with nental Disabilities and other and were unable to regulate					

545D11