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		
MHL092-859		B. WING		07/10/2018			
						07/10/2010	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
DESTINY	FAMILY CARE HOMI	E 2 CARY, NO	RLANE ROAI 27511	U			
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS		V 000					
	deficiency was cited						
	The facility is licens .5600C Supervised Disability Adult.						
V 752	27G .0304(b)(4) Hot Water Temperatures 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.		V 752				
	failed to ensure wat	et as evidenced by: on and interview the facility er temperatures were n 100-116 degrees Fahrenheit.					
		0/18 of water temperatures at area was 128 degrees					
		0/18 of water temperatures in oms revealed temperatures egrees Fahrenheit.					
	stated:	e Qualified Professional water temperature was					

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:		E CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		MHL092-859	B. WING		07/	10/2018	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
DESTINY	FAMILY CARE HOM	E 2 1238 FAI CARY, N	RLANE ROAI C 27511)			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
V 752	-This home was March and assume ok then.	ge 1 s just licensed at the end of d the water temperature was and have the water checked.	V 752				

6899

Division of Health Service Regulation STATE FORM