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						
		MHL092-805	B. WING		07/2	5/2018					
NAME OF I	PROVIDER OR SUPPLIER	STATE, ZIP CODE									
LIVING WITH AUTISM, INC 2817 TOBERMORY LANE RALEIGH, NC 27606											
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLÉTE HE APPROPRIATE DATE						
V 000	INITIAL COMMENTS		V 000								
	An annual survey w deficiency was cited	ras completed on 7/25/18. A									
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities									
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752								
	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.										
	failed to ensure wat	et as evidenced by: on and interview the facility ter temperatures maintained egrees Fahrenheit. The									
	water temperature i	5/18 at 1:30 PM revealed n the kitchen and three client d temperatures between 86-88 i.									
	and the Home Man following: -Had been havi water temperatures -The water was	th the Qualified Professional agers they stated the ng problems maintaining the in last few months. "too high or too low", so they ad down to get the right									

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE							
V 752	temperatureHad a new wa soften/filtrateHas talked about the interest one.	ge 1 ter system installed to out installing a thankless water aconsistency with the current system checked to correct the	V 752									

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Division of Health Service Regulation STATE FORM

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