Division of Health Service Regulation

PRINTED: 08/03/2018 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	NEW COLORS SENT		(X3) DATE SURVEY COMPLETED	
		MHL053-076	B. WING		08/01/2018	
	PROVIDER OR SUPPLIER	MILEV VIEW 5023 VAL	DRESS, CITY LEY VIEW D, NC 2733	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETE E DATE	
V 000	2018. Deficiencies This facility is licen	vas completed on August 1, were cited. sed for the following service .C 27G 5600A Supervised	V 000			
V 752	10A NCAC 27G 00 EQUIPMENT (b) Safety: Each factoristructed and edensures the physic visitors. (4) In areas of exposed to hot wat	of Water Temperatures 304 FACILITY DESIGN AND acility shall be designed, puipped 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.	V 752	DHSR - Mental Heal SEP 042018 Lic. & Cert. Section		
	Based on observatifailed to maintain the 100-116 degrees F Observation of the PM and 1:45 PM results -The kitchen sink with degrees Fahrenheit -Bathroom's sink with degrees Fahrenheit -Bathroom's sink with the si	vater temperature was 128 t. vater temperature was 128		To avoid reoccurrance a water temperature loci higher than 100-114"- The agency will monit these demperatures at least lx a month to ensure temperatures.	f 8/13/18 ng sn-scing numbering or	
Division of H	revealed -She confirmed the water temperature Fahrenheit	facility failed to maintain the between 100-116 degrees	in i			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

If continuation sheet 1 of 3

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Division of Health Service Requiation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES (X1) PROVID AND PLAN OF CORRECTION IDENTIFI		IDENTIFICATION NUMBER	A BUILDING		COMPLETED	
AND PLAN	OF CORPECTION					
		200	B. WING		08/01/2018	
		MHL053-076				
NAME OF P	ROVIDER OR SUPPLIER		THE REAL PROPERTY AND ADMINISTRATION OF THE PARTY OF THE	TATE, ZIP CODE		
		5023 VAL	LEY VIEW			
I INNOVA	TIONS, INC - 5023 V	ALLEY VIEW SANFOR	D, NC 27330			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	JD	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	JED BE COMPLETE	
PREFIX	JEACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPR	OPRIATE DATE	1
TAG	REGULATORY OR I	CONCENT AND AN OWNER CONT		DEFICIENCY)		
			V 752			
V 752	Continued From p	사람들이 사용하다 하다는 이번 사람들이 되었다. 나무를 사용하는 아이들이 아니는 사람들이 아니는 아이들이 아니다.	1	Lo A		
	water temperature	adjusted so it would fall within	1	4000		
	the required water	temperature range of 100-110	And design from the party of th			
	degrees Fahrenhe	it				
			V 754			
V 754	27G .0304(c) Com	nfort Zone	V /54			
	404 1104 0 07/2 6	304 FACILITY DESIGN AND				
	EQUIPMENT	104 Meleli i projetimo				
	(c) Comfort Zone: Each 24-hour facility shall provide heating and air-cooling equipment to maintain a comfort range between 68 and 80 degrees Fahrenheit. (1) This requirement shall not apply to					
			1			
						T.
	therapeutic (habiti	tative) camps and other				100
	The state of the s	or six or fewer clients slicensed prior to October 1,				
	(2) Facilities	required to add or install cooling	3			
	equipment if not a	Iready installed				
	Campanon a viol					260
		and the second s				
	This Rule is not r	net as evidenced by:				
	Based on observa	ation and interviews, the facility a comfort range between 68-80	Y		i i	
	ralled to maintain	a common range between ou or eit. The findings are:				
	degrees ramening	and the manage of				
	Observation on 8	/1/18 at 1:30 PM of the facility				
	revealed					
	-Home's Air Cond	itioning (A/C) unit was off.				
	-Small A/C windo	w unit used in living area along				
	with a box fan.	ach room on the window sill.				
	-Fans placed at e -Fans were blowl	na outside air in				
	-Temperature in h	pedrooms felt the same if not				
	warmer than outs	ide:				
	-AccuWeather an	plication on phone stated at				
	1.30 PM that outs	side temperature was 81				
	degrees Fahrenh	eit				
	-Forecasted high	temperature for the day was 8	•			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		MHL053-076	B WING		08/01/2018
	PROVIDER OR SUPPLIER	5023 VA	DDRESS CITY STAT LLEY VIEW RD, NC 27330		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE COMPLETE E APPROPRIATE DATE
V754	revealed: -A/C had been out -It had been getting Interview on 8/1/18 -A/C had broken do month and a half a -A/C lasted about t againA/C had been broi -She felt that it was be in the home at r Interview on 8/1/18 revealed -A/C had broken do month and a half a -A/C lasted about t againIt had been about downIssue was reporte reported to building -Building owner sta placed, but repairs schedule"Tenants would ha can come out for reShe acknowledge	with clients #1 and #2 for a few weeks. I warm during the nights with Staff #1 revealed. own and was repaired about a go. wo weeks and broke down ken for about a month. I too hot for clients and her to night. with the House Manager own and was repaired about a go. wo weeks and broke down a month since the A/C broke d to agency and agency I owner. I ted that work order had been would be on an "on-call we to wait until a/c company	The state of the s	The following all by in the following a leads	aintains re of 6580 start basis recordings Lancated Lancated unpressure or Heatsastem good decording
*	repairs to A/C unit.	is responsible for making (a myst	orth no men odays Huring odays peruting	e Than Uneck wrough for red undship can ad

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FAX COVER SHEET

Edgar Garrido, MSW	
Mental Health Licensure & Certification Section	
19197158078	
tawanna mclean	
2018-09-02 22:50:15 GMT	
POC-MHL # 053-076	
	Mental Health Licensure & Certification Section 19197158078 tawanna mclean 2018-09-02 22:50:15 GMT

COVER MESSAGE

August 6, 2018

Tonja M Reid, Director

I Innovations, Inc.

P. O. Box 1553

Sanford, NC 27331

Re:

DHSR - Mental Health

SEP 042018

Lic. & Cert. Section

Annual Survey completed August 1, 2018

I Innovations, Inc.-5023 Valley View, 5023 Valley View Drive, Sanford, NC, 27331

MHL # 053-076

E-mail Address: tonja01@windstream.net