PRINTED: 09/14/2018 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
701012701	or contraction	BENTI TO MONTO MEET.	A. BUILDING: _		J J J J J J J J J J J J J J J J J J J							
	MHL084056		B. WING		09/13/2018							
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE								
LOWDER REUNION GROUP HOME 33973 LOWDER REUNION ROAD ALBEMARLE, NC 28001												
(VA) ID	SLIMMARY ST			PROVIDER'S PLAN OF CORRECTION	)NI	(VE)						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE						
V 000	INITIAL COMMENTS		V 000									
	An annual survey was completed on 9/13/18. A deficiency was cited.											
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.											
V 752	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									
	review, in areas of the exposed to hot water water was not maintal degrees Fahrenheit.  Observation on 9/13/following: -hot water temperatur was 123 degrees Fahrenheit water temperatur sink was 123 degrees  Review on 9/13/18 of	as, interviews and records as facility where clients were the temperature of the ined between 100-116 The findings are:  18 at 4:01pm revealed the as reading in the kitchen sink arenheit; as reading in the bathroom as Fahrenheit.  the facility incident reports as revealed no documented										

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

TITLE (X6) DATE

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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						
MHL084056			B. WING		09/	09/13/2018						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
LOWDER REUNION GROUP HOME  33973 LOWDER REUNION ROAD  ALBEMARLE, NC 28001												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE						
V 752	Interview on 9/13/18 was not aware the was too high.  Interview on 9/13/18 was too high.  Professional revealed one aware hot water will immediately call	with the Team Lead revealed e hot water temperature with the Qualified l:	V 752									

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