

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GENTLEHANDS ADULT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6005 WHITE CHAPEL WAY GREENSBORO, NC 27455
---	--

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 11/15/2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain hot water temperatures between 100 - 116 degrees Fahrenheit (F). The findings are:</p> <p>Observation at approximately 8:45 AM revealed: - The Bathrooms #1 and #2 had hot water temperatures of 124 degrees F at the sinks and shower heads; - The kitchen sink hot water temperature was 126 degrees F.</p> <p>Interview attempts with clients #1, #2 and #3 revealed: - Client #1 was minimally verbal and unable to provide clear information about the hot water temperatures in the facility;</p>	V 752		

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: MHL041-772	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GENTLEHANDS ADULT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6005 WHITE CHAPEL WAY GREENSBORO, NC 27455
---	--

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 752	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Clients #2 and #3 were non-verbal. <p>Interview on 11/15/2018 with staff #1 revealed:</p> <ul style="list-style-type: none"> - The hot water at the facility was "good." <p>Interview on 11/15/2018 with staff #2 revealed:</p> <ul style="list-style-type: none"> - The hot water temperatures in the facility were not tested routinely; - There had not been any problems with the hot water being too hot; - Facility staff always assisted clients #1, #2 and #3 with moderating the hot water temperatures; - No clients had been scalded or otherwise injures by the hot water. <p>Interview on 11/15/2018 with the Director of Operations/Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - There had not been any problems with the hot water temperature at the facility; - No clients had been scalded by hot water; - She was not aware that the hot water temperature was so high; - She would have the thermostat on the water heater adjusted immediately. 	V 752		