

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
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NAME OF PROVIDER OR SUPPLIER GENTLEHANDS ADULT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6005 WHITE CHAPEL WAY GREENSBORO, NC 27455
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(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
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V 000 INITIAL COMMENTS

An annual and follow up survey was completed on 11/15/2018. 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 000

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

THE HOT WATER 11/27/18
TEMPERATURE HAS
BEEN SET AT 112°F

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:

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.

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;

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DEC 04 2018

Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE
CEO

(X6) DATE
11/27/18

Division of Health Service Regulation

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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 injured 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		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 26, 2018

John Okonji, President/CEO
Gentlehands of NC, Inc.
6005 White Chapel Way
Greensboro, NC 27455

Re: Annual & Follow Up Survey Completed November 15, 2018
Gentlehands Adult Home, 6005 White Chapel Way, Greensboro, NC 27455
MHL# 041-772
E-mail Address: gentlehands2001@aol.com

Dear Mr. Okonji:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed November 15, 2018.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is January 14, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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November 26, 2018
John Okonji
Gentlehands of NC, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
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