PRINTED: 12/10/2018 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				
			A. BUILDING: _						
		MHL036-321	B. WING		R 12/06/2018				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
AT HEAVEN'S GATE 2242 RICHLAND AVENUE GASTONIA, NC 28052									
(X4) ID			ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(/				
			TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)					
V 000	INITIAL COMMENTS		V 000						
	An annual and follow-up was completed on 12/6/18. A deficiency was cited.								
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living								
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						
	interviews, the facility the facility where clien water, the temperature	ns, records review and rfailed to ensure in areas of nts were exposed to hot							
	read 123 degrees Fa	erature in the kitchen sink							
	revealed:	with the AFL Provider the water temperatures and							

Division of Health Service Regulation 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					
MHL036-321		B. WING			R 12/06/2018						
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
AT HEAVEN'S GATE 2242 RICHLAND AVENUE GASTONIA, NC 28052											
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)							
V 752	they always fluctuate She would attempt t turning down the wate heater was already at - There could be som	o adjust the temperature by er heater again. The water	V 752								

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STATE FORM G899 QZQT11 If continuation sheet 2 of 2