## PRINTED: 12/21/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl060-907		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED				
			A. BUILDING:					
		B. WING		12/19/2018				
IAME OF PF	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE					
IREH'S P	LACE, INC		OSEMEDE DRIVE OTTE, NC 28227					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
∨ 000	INITIAL COMMENTS		V 000					
	An annual survey was completed on 12/19/18. A deficiency was cited.							
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals with Developmental Disabilities.							
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752					
	EQUIPMENT (b) Safety: Each fact constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are the temperature of the ained between 100-116						
	failed to ensure in an clients were exposed temperature of the w	ns and interviews, the facility eas of the facility where to hot water, the						
	following: -hot water temperatu was 80 degrees Fahr	re reading in the bathroom						
		on 12/19/18 at 9:40am er temperature reading in the						

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl060-907 NAME OF PROVIDER OR SUPPLIER STREET A		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/19/2018	
			LACE, INC	5128 RO	SEMEDE DRIVE DTTE, NC 28227	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
	Continued From page 1		V 752			
	kitchen sink had risen to 85 degrees Fahrenheit.					
	-everyone took show -client #1, her husba all took hot showers -she also washed a this am; -did not think about t hot water reading;	nd, her grandson and herself earlier this am; load of whites in hot water he effect it would have on the es his shower first as he ornings;				

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