PRINTED: 12/21/2018 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
					F						
		MHL083-054	B. WING		12/1	4/2018					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SCOTCHFAIR #2 13880 FRANCIS STREET GIRSON NC 28343											
	GIBSON, NC 28343										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE					
V 000	INITIAL COMMENTS		V 000								
		w up survey was completed 018. A deficiency was cited.									
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.									
V 752	V 752 27G .0304(b)(4) Hot Water Temperatures										
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	04 FACILITY DESIGN AND cility shall be designed, uipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116									
	water temperatures 100-116 degrees Fa	et as evidenced by: on and interview, the facility were not maintained between ahrenheit in areas where ed to hot water. The findings									
	10:30am revealed: -Kitchen sink water degrees Fahrenheit	er temperature read 120									
	stated:	18 the Group Home Manager the water temperatures were									

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

(X6) DATE TITLE

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  13880 FRANCIS STREET GIBSON, NC 28343  (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PLLL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 1 -He would make sure the temperature was adjusted to proper range.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  13880 FRANCIS STREET  GIBSON, NC 28343  (X4) ID PREFIX TAG  PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752 Continued From page 1  -He would make sure the temperature was				A. BUILDING.		R							
SCOTCHFAIR #2  13880 FRANCIS STREET GIBSON, NC 28343  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 1  -He would make sure the temperature was			MHL083-054	B. WING	· · · · · · · · · · · · · · · · · · ·								
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752 Continued From page 1  -He would make sure the temperature was	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752 Continued From page 1  -He would make sure the temperature was	I SCOTCHEAIR #7												
-He would make sure the temperature was	PREFIX	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DAT								
		-He would make su	ire the temperature was		DEFICIENCY)								

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Division of Health Service Regulation STATE FORM