Division of	f Health Service Requ	ilation		<u> </u>		~ ,	
	OF DEFICIENCIES OF CORRECTION	((1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII LE C	- t     -	(X3) DATE SURVEY COMPLETED		
		mhl060-907	B. WING		12/19/2018	12/19/2018	
NAME OF PE	ROVIDER OR SUPPLIER	STREETA	DORESS, CITY, 1 TATE	E, ZIP CODE			
northe o	I ACE INC	5128 RO	SEMEDE DRN E	<u> </u>			
UNERGE	LACE, INC	CHARLO	TTE, NC 282: 7	· 👖			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATLMENT OF DEFICIENCIES YN UST 8E PRECEDED 8Y FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCE	ON SHOULD BE COMPL HE APPROPRIATE DAT	LETE	
∨ 000	INITIAL COMMENTS	•	V 000			WWW.deada.m	
oot ziii 9 Pressiooneeeeeeeeeseeseeseeseeseeseeseeseeseesee	deficiency was cited.  This facility is license	s completed on 12/19/18. A d for the following service 27G .5600F Alternative		for P.C Response Visit by: Gi	age 2		
COMPANY STATE AND A STATE OF THE STATE OF TH	- <i>,</i>	id Jals with Developmental		for t.C	٠٠٠ - ١٤/١٩/١٩		
∨ 752	27G .0304(b)(4) Hot	•	V 752	Visit by: G	- W. Lata		
The second secon	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors.	4 FACILITY DESIGN AND lity shall be designed, ppid in a manner that sai'ety of clients, staff and		RECEIVED  By DHSR - Mental Health Lic. & Cert. Secti			
mm F / 1 and cod & Journmonouscenscenscenscenscenscenscenscenscenscen	exposed to not water	the facility where clients are the temperature of the insid between 100-116					
	failed to ensure in are clients were exposed temperature of the wa	as and interviews, the facility as of the facility where to hot water, the ate was maintained					
-	between 100-116 deg findings are:	reas Fahrenheit. The	4404				
	following:	/18 at 9:20am revealed the					
***************************************	was 80 degrees Fahr	e reading in the bathroom		· ·			
	revealed the hot wate	n 12/19/18 at 9:40am r temperature reading in the					
	th Service Regulation HRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	<u>e</u>	TITLE	(XR) DATE		

STATE FORM

Dîvîsjon :	of Health Service Regu	la ion		LOUM MILLYOVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(<1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI 'LE C A. BUILDIN 3:		(X3) DAYE SURVEY COMPLETED
		mhi060-907	B. WING		12/19/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, I TATE	LZIP CODE	
JIREH'Ş F	LACE, INC	CHARL	DSEMEDE DRI'E DTTE, NC 282 !7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATIMENT OF DEFICIENCIES A MUST BE PRECEDED BY FULL SCHEENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH , CROSS-REFERENCED YO THE APP DEFICIENCY)	OULD BE COMPLETE
V752	Interview on 12/19/18 -everyone took shower-client #1, her husban all took hot showers e-she also washed a lothis am; -did not think about the hot water reading;	to 85 degrees Fahrenheit.  with staff #1 revealed: set this morning; d, her grandson and herself arlier this am; act of whites in hot water a affect it would have on the shis shower first as he nings;	26 26 4 8 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	P. O.C V 752-  Treh's Place has with all Staff by client to as sure his showe  And Priority  His bath will be and rising he a  when have discusting laundry a  The Staff has evening laundry:  The Staff has sunday.  The Staff wi  sunday.	be done is upearly program.  sted not s regularly.  decided s boot.  will be lay and  if make ad his dry is done weekends.
	·		4	x Monitoring wind is staff that is for the Client of this bathing.	s responsible

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alst gillness among stiff. We learned tolday an induidual has fassed away as Preuminia.	company: Viven's Place	p ione #: 704 957 8520
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