PRINTED: 02/23/2019 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/22/2019	
		MHL091-061				
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
ROANOKE	AVENUE GROUP HOM	E	ECKFORD DRIVE RSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL SULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE AC CROSS-REFERENCED TO	PLAN OF CORRECTION (X5) CTIVE ACTION SHOULD BE COMPLE ICED TO THE APPROPRIATE DATE DEFICIENCY)	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed February 22, 2019. 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 752	27G .0304(b)(4) Hot	Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fac constructed and equ ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND ility shall be designed, ipped in a manner that safety of clients, staff and the facility where clients are t, the temperature of the ained between 100-116				
	failed to maintain the	as evidenced by: n and interview, the facility temperature of the water grees Fahrenheit. The				
	revealed: - the temperatur registered 90 degree - the temperatur	/18 starting at 2:20pm e at the kitchen sink s Fahrenheit e was measured several m and 3:00pm and always				
	registered at 90 degr - the Residential temperature at the sa	ees Manager measured the				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-061			(X2) MULTIPLE CC			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		B. WING		02/22/2019			
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE			
OANOK	E AVENUE GROUP HOM	E	ECKFORD DRIVE RSON, NC 27536				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T	IDER'S PLAN OF CORRECTION (X. ORRECTIVE ACTION SHOULD BE COMP FERENCED TO THE APPROPRIATE DAY DEFICIENCY)		
V 752	Continued From page 1		V 752				
	During an interview of Manager reported: - they had been temperatures weekly approximately 110 de - she would subr for someone at HUD	n 2/21/19, the Residential taking the water and it was always at egrees Fahrenheit nit a work order immediately					