Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
		MHL076-068	B. WING		03/1	4/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
YOUTH UNLIMITED HAYWORTH HOME 2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350												
(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)	(X5) COMPLETE DATE							
V 000	INITIAL COMMENT	rs .	V 000									
	An annual survey w Deficiencies were c	as completed on 3/14/19. ited.										
		sed for the following service C 27G .1700 Residential cure for Children or										
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752									
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas constructed and exposed to hot water	cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116 t.										
	failed to maintain th	et as evidenced by: on and interviews the facility he facility water temperature egrees Fahrenheit. The										
	approximately 9:13 -The kitchen sink w degrees Fahrenheit	ater temperature was 130 t. r temperature was 130										
	revealed:	ss' #1, #2 and #3 on 3/13/19 able of adjusting their own during bathing.										

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDERA IDENTIFICA	/SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
		MHL076	6-068	B. WING		03/	14/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
YOUTH UNLIMITED HAYWORTH HOME 2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350												
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	(X5) COMPLETE DATE						
V 752	Continued From page 1			V 752								
	-They did not requir	re any assista	nce from staff.									
	Interview with staff #1 on 3/13/19 revealed: -All four clients were capable of adjusting their own water temperatures during bathing.											
	Interview with the F confirmed: -The facility failed to temperature between Fahrenheit.	o maintain the	facility water									
	Interview with the C revealed: -The group home h heaters -They just recently heaterThe newer hot wat and bathroom #1All four clients wer own water tempera -He confirmed the f facility water tempe degrees Fahrenhei	ad two separa installed a new er heater was e capable of a ture during ba facility failed to rature betwee	ate hot water w hot water near the kitchen adjusting their athing. maintain the									

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Division of Health Service Regulation STATE FORM