

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>04/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3775 OLD LOWERY ROAD SHANNON, NC 28386</b>
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed April 11, 2019. The complaint was unsubstantiated (intake #NC00150442). A deficiency was cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observations on 04/10/19 at 3:00pm of the facility revealed: - The hot water temperature in the kitchen sink was 122 degrees Fahrenheit. - The hot water temperature in the client bathroom was 122 degrees Fahrenheit.</p> <p>Interview on 04/10/19 the Licensee stated: -The hot water temperature would often vary. -She had reported the concern of the hot water temperature changes to the owner of the facility.</p>	V 752		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 752	Continued From page 1  - She would attempt to have the water issue resolved and was in the process of relocating to a new facility.  [This deficiency constitutes a recited deficiency and must be corrected within 30 days.]	V 752		