

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-805</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/11/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LIVING WITH AUTISM, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2817 TOBERMORY LANE</b> <b>RALEIGH, NC 27606</b>
--	---

(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 7/11/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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 observation and interview the facility failed to ensure the water temperature was maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 7/11/19 at 2:00 PM revealed water temperature in clients bathrooms and kitchen was 88 degrees Fahrenheit.</p> <p>During interview on 7/11/19 the Director stated: -They had someone out to check the water heater and he stated it was working fine. -Turned up the water heater, but then the water temperature was running 130 degrees Fahrenheit. -Turned the temperature back down for the safety of the clients.</p>	V 752		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-805</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/11/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LIVING WITH AUTISM, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2817 TOBERMORY LANE</b> <b>RALEIGH, NC 27606</b>
--	---

(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 752	Continued From page 1  [This a re-cited deficiency and must be corrected within 30 days.]	V 752		