Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL074-242	B. WING		07/2	? 4/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PARADIGM III 4003 OLD PACTOLUS ROAD							
.,			LLE, NC 27	334			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
		w up survey was completed Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
		et as evidenced by: ion and interview the facility I in a clean and tidy manner.					
	am revealed: - Particulate matter facility The finish on the control was worn and fadecontrol to the finish on the skitchen was scratch	stove control panel in the first					
	bedroom A drawer in the se	e ceiling in client #3's econd kitchen contained two ups with brown liquid in the					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	2
		MHL074-242	B. WING		07/2	4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PARADIGM III 4003 OLD PA GREENVILLE						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From page 1		V 736			
	private bathroom w sink Broken towel rack - No closet doors in bedrooms. During interview on helped the clients k	7/22/19 staff #2 stated she eep the facility clean. stitutes a re-cited deficiency				
V 752	27G .0304(b)(4) Hot Water Temperatures		V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed 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 stained between 100-116 t.				
	failed to maintain w 100 and 116 degree clients are exposed are: Observation on 7/2 am revealed the ho bathtubs was 130 d	ons and interview the facility rater temperatures between es Fahrenheit in areas where I to hot water. The findings 2/19 at approximately 10:15 t water temperature in two legrees Fahrenheit.				
	During interview on	7/22/19 staff #2 stated the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
					F	2	
		MHL074-242	B. WING		07/2	4/2019	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
PARADIGM III 4003 OLD PACTOLUS ROAD GREENVILLE, NC 27834							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 752	Continued From page 2		V 752				
	clients used the bathtubs for bathing daily.						
	During interview on 7/22/19 the Qualified Professional stated she would have the hot water temperature adjusted to meet requirements.						
	During interview on 7/24/19 the Program Manager stated the hot water temperature had been adjusted.						
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 days.					

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