

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601124	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2019
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NAME OF PROVIDER OR SUPPLIER MILLER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8812 NATIONS FORD ROAD CHARLOTTE, NC 28217
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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
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V 000	INITIAL COMMENTS An annual survey was complete on 7-23-19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for All Disability Groups in a Private Residence.	V 000	The Millers did not adjusted the water temperature but thought that the thermostat may have been accidentally bumped which lowered the temperature. To ensure the water temperature is set to the correct temperature, they had a plumber come out to adjust the thermostat to the correct temperature between 100-116 degrees. The plumber installed a tank booster program mixing vane to control the temperature of the hot water. This will ensure the water remains at the temperature it is set to and will adjust automatically as needed. The temperature is set to remain between 104-106 degrees. A digital thermometer is attached which allows the Millers to see what the water temperature is at any time. The QP will submit a copy of the receipt from the plumber and a QP note to the QA Associate Director indicating the water heater has been adjusted by a plumber and the temperature is within the required limits of 100-116 degrees. The Millers will continue to check the water temperature on a quarterly basis. The QP will continue to monitor on a quarterly basis. DHSR - Mental Health AUG 06 2019 Lic. & Cert. Section	7/31/19
V 752	27G .0304(b)(4) Hot Water Temperatures 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. This Rule is not met as evidenced by: Based on observations and interview the facility failed to maintain hot water between 100 and 116 degrees in areas where clients were exposed to hot water. The findings are: Observation on 7-23-19 at approximately 5:00 PM revealed: -Hot water at the kitchen sink was 90 degrees. -Hot water in clients 1/2 bath sink was 90 degrees. -How water in the hall bathroom sink was 90 degrees. -Hot water in the hall bathroom tub was 90 degrees.	V 752		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Quana Fero GA Associate Director

7/31/19

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V 752	<p>Continued From page 1</p> <p>Interview on 7-23-19 with the AFL (Alternative Family Living) provider revealed: -He had not moved the thermostat on the water. -He didn't know why it was a lower temperature than it needed to be. -He had taken a shower that morning on that side of the house and had thought the water was " a little chilly" but then forgot about it due to being in a hurry. -They would call someone out to adjust the hot water heater and make sure it was working properly.</p> <p>Interview on 7-23-19 with the Qualified Professional revealed: -She would follow up and make sure the water was adjusted.</p>	V 752		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 29, 2019

Ms. Diana Fox, Administrator
Developmental Disabilities Resources, Inc.
6824 Wilgrove Mint Hill Rd.
Mint Hill, NC 28227

DHSR - Mental Health

AUG 06 2019

Lic. & Cert. Section

Re: Annual Survey completed 7-23-19
Miller Home, 8812 Nations Ford Road, Charlotte, NC 28217
MHL # 060-1124
E-mail Address: dianafox@ddrinc.org

Dear Ms. Fox:

Thank you for the cooperation and courtesy extended during the annual survey completed 7-23-19.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- A Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 9-23-19.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

<Date>
<Contact Name>
<Licensee>

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072.

Sincerely,



Patricia Work
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
QM@partnersbhm.org
Pam Pridgen, Administrative Assistant