PRINTED: 08/09/2019 FORM APPROVED

STATEMENT OF DEFICIENCIES ()		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
	MHL013-084			08	08/08/2019		
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE			
ABARRU	IS COUNTY GROUP HO	ME #2	IPOLA STREET POLIS, NC 28083				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	CTION SHOULD BE COM D THE APPROPRIATE DA		
∨ 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on 8-8-19. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.						
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each fact constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND ility shall be designed, ipped in a manner that safety of clients, staff and the facility where clients are the temperature of the ained between 100-116					
	failed to keep hot wa	n and interview the facility ter maintained between 100 areas where clients have					
	revealed: -Kitchen sink ho -Shower bath wa sink was 98 degrees -Tub bath was 9 was 99 degrees. -Surveyor allowe	19 at approximately 6:30 PM t water was 93 degrees. as 91 degrees in the shower, 3 degrees in the bathtub, sink ed for 1 hour after the last hot re taking the temperature.					
		with staff #1 revealed:					
	Interview 011 0-0-19 V						

Q8VG11

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/08/2019	
		MHL013-084				
		ł		08	/08/2019	
	ROVIDER OR SUPPLIER	1201 (T ADDRESS, CITY, STATE CHIPOLA STREET	, ZIP CODE		
ABARRU	IS COUNTY GROUP H	OMF #2	APOLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE COMPLET O THE APPROPRIATE DATE	
V 752	Continued From page 1		V 752			
	-The water might still be building back up after some clients showered and did laundry. -No client had complained about cold water except when they tried to shower right after each other.					
	Interview on 8-8-19 with the Qualified Professional revealed: -The hot water might not have built back up yet, but they would get someone to check it.					

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