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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
MHL092-292		B. WING		08/13/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ALSTON HOME ZEBULON, NC 27597						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)						(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	THE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was 2019. Deficiencies w	s completed on August 13, ere cited.				
	This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living.					
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.		V 752			
	failed to maintain the	as evidenced by: n and interview, the facility temperature of the water grees Fahrenheit. The				
	water temperature in	19 at 10:05Am revealed the the kitchen sink and hallway at 92 degrees Fahrenheit.				
	reported the tempera because he had taken He stated it usually ra stated that they have	n 8/12/19, the Co-Licensee ture was probably low n a shower that morning. an at 100 degrees. He also adjusted it in the past t registers too high and				

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

(X6) DATE TITLE