STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
	MHL084-089		B. WING		08/19/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
NOSS LAI	NE II		IOSS LANE ONDON, NC 28127			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	VE ACTION SHOULD BE COMPLET ED TO THE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on 8-19-19. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G 5600C 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 faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are , the temperature of the hined between 100-116				
	failed to ensure that h between 100 and 116	as evidenced by: n and interview the facility not water temperature was 6 degrees in areas that to hot water. The findings				
	am revealed:	19 at approximately 10:00 erature in the hall bathroom ees.				
	Interview on 8-16-19 Professional revealed -They would hav facility and check the whatever adjustment	d: e the maintained man go to hot water and make				

PRINTED: 08/23/2019 FORM APPROVED

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R 08/19/2019
OVIDER OR SUPPLIER			, ZIP CODE		
EII					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED TO		CTION SHOULD BE COMPLET D THE APPROPRIATE DATE	
	F CORRECTION OVIDER OR SUPPLIER IE II SUMMARY S (EACH DEFICIENC	F CORRECTION IDENTIFICATION NUMBER: MHL084-089 OVIDER OR SUPPLIER STREET A IE II 42414 M NEW LC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL084-089 B. WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, IE II 42414 MOSS LANE NEW LONDON, NC 28127 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL084-089 B. WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IE II 42414 MOSS LANE NEW LONDON, NC 28127 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED TO	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMP MHL084-089 B. WING 08 OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 08 IE II 42414 MOSS LANE 08 NEW LONDON, NC 28127 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE

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