

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2019
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NAME OF PROVIDER OR SUPPLIER MARNE	STREET ADDRESS, CITY, STATE, ZIP CODE 62 MARNE ROAD ASHEVILLE, NC 28803
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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 752	Continued From page 1 management company. She believed there had been a lack of communication about the required water temperature. -HUD completed property inspections monthly, however, they did not document ongoing water temperatures. -The Licensee also had a maintenance person who visited the home monthly, however, water temperatures were not included on their checklist. The maintenance person checked water temperatures, but they had not been documented. -Prior to the end of the survey the water temperature had been addressed and was back down to 110 degrees.	V 752	<p>V752</p> <p>① Water temperature requirements were communicated to Tri-State Property management verbally on 8/8/2019.</p> <p>② Communication was followed up in writing on 8/29/2019.</p> <p>③ The Team Leader assigned to the Marne home will monitor monthly to insure the temperature remains between 110-116 degrees. to insure that the temperature remains within the acceptable range.</p> <p style="text-align: right;">DHSR - Mental Health</p> <p style="text-align: right;">SEP 03 2019</p>	<p>Water temp was back in range on 8/8/2019.</p> <p>8/29/2019</p> <p>8/29/2019 & ongoing monthly</p>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on August 8, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to maintain the hot water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 8/6/19 at 10:20AM revealed the water temperature to be 120 degrees in the bathroom used by residents.</p> <p>Interview on 8/7/19 with the Residential Operations Director revealed: -The two clients who were independent with bathing knew how to adjust water temperatures and the other clients were always assisted by staff when taking their baths. -The facility was a HUD (Housing and Urban Development) home and managed by a property</p>	V 752		

Division of Health Service Regulation

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

TITLE

(X6) DATE

[Handwritten Signature]

Executive Director

8/29/19



29 August, 2019

Mental Health Licensure and Certification

NC Division of Health Services Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

RE: Marne Group Home- MHL # 011-096

To Whom It May Concern:

Please find the Plan of Correction for the above reference facility.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Greta Byrd". The signature is fluid and cursive, with a large loop at the end of the last name.

Greta Byrd, MBA

Executive Director

DHSR - Mental Health

SEP 03 2019

Lic. & Cert. Section