PRINTED: 09/27/2019 FORM APPROVED

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL032-440			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R		
		B. WING		09/25/2019			
ME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	B RESOURCES FOR CO	ONSUMERS. INC					
			M, NC 27707				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	LD BE COMPLE	
∨ 000	INITIAL COMMENTS		V 000				
	An annual and follow-up survey was completed on September 25, 2019. Deficiencies cited.						
	This facility is licensed for the following service category: 10A NCAC 27G. 5600C						
	Supervised Living for Adults with Developmental Disabilities						
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS						
		its grounds shall be , clean, attractive and orderly kept free from offensive					
	failed to ensure facil	t as evidenced by: on and interview, the facility ity grounds were maintained ve manner. The findings are:					
	Observation on 9/24 -The living room car	/19 at 9:45 a.m. revealed: pet was shredded.					
	Interview on 9/24/19 confirmed the carper room.	with the Supervisor t was shredded in the living					
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each fac	04 FACILITY DESIGN AND illity shall be designed, ipped in a manner that					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R		
		MHL032-440	B. WING		09	/25/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
SECURING	G RESOURCES FOR CO	DNSUMERS. INC	DLLIER DRIVE M, NC 27707				
(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 C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	/E ACTION SHOULD BE COMPLETI		
V 752	Continued From page 1		V 752				
	 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 observation and interview the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit. The findings are: Observation on 9/24/19 at 10:00 a.m. of the facility water temperature revealed: -Bathroom #1 (master bedroom) water						
	temperature was 121	l degrees Fahrenheit. hallway water temperature					
	0	with the Supervisor he water temperature either I be cold, and kitchen would					
	-The water temperatu consistent temperatu -The plumber looked -The water tank was -The water tank was	new. serviced quarterly. ater temperature was above					
	This deficiency const and must be correcte	titutes a re-cited deficiency ed within 30 days.					

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