PRINTED: 11/08/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED					
				A. BUILDING: _								
MHL034-367		B. WING		10/	10/25/2019							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
SPRINGWELL NETWORK, INC-STOCKTON STREET G 3250 STOCKTON STREET WINSTON-SALEM, NC 27127												
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE						
V 000	INITIAL COMMENTS		V 000									
	An annual survey was completed on 10/25/2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised											
V 752	Living for Adults with Developmental Disabilities. 52 27G .0304(b)(4) Hot Water Temperatures			V 752								
	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.											
	failed to maintain hot between 100-116 deg	ns and interviews, the fa	ıreas									
	3:55PM on 10/22/201 - The hot water temporand bath #1 sink were - The hot water temporans 90 degrees F;	erature at the kitchen sine 92 degrees F; erature at bath #1 showerstures at bathroom #2'	er									
	Interview on 10/22/20 - The hot water temper	019 with client #1 reveale erature was "cold."	ed:									

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL034-367	B. WING		10	/25/2019
	ROVIDER OR SUPPLIER	OCKTON STREET G 3250 S	TADDRESS, CITY, STA STOCKTON STREE TON-SALEM, NC 2	т		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETE DATE
V 752	- commercial page	e 1 019 with client #3 revealed;	V 752			
l	- The hot water temp	erature had been "a little oo hot It's like lukewarm."				
	- The hot water in the	on 19 with staff #1 revealed: showers would eventually ps were turned on, but the en sink would not.				
	Interview on 10/23/2019 with the House Manager revealed: - Facility staff were not allowed to adjust the thermostat on the water heater; - When the hot water faucets were turned on, the water was slow to warm up. Interview on 10/252019 with the Qualified Professional revealed: - The Licensee did not own the home; - the Owner of the facility would not allow facility staff to adjust the water heater thermostat; - A plumber would be contacted to check the thermostat.					

Division of Health Service Regulation

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