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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2019
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NAME OF PROVIDER OR SUPPLIER LEWIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7621 KUCK ROAD MINT HILL, NC 28227
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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
V 000	INITIAL COMMENTS An annual survey was completed on 11/7/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.	V 000		
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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure in areas of the facility where clients were exposed to hot water, the temperature of the water was maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 11/7/19 at 3:50pm revealed the following: -hot water temperature in the kitchen sink was 121 degrees Fahrenheit; -hot water temperature in the bathroom sink was 127 degrees Fahrenheit. Interview on 11/7/19 with the Qualified Professional revealed:	V 752	V752 27G .0304 (b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT Correction: The hot water tank temperature was adjusted to meet the required range. (See attached). Prevention: AFL Contractors will monitor and check the water temperature twice a month to ensure compliance. Who Will Monitor: The Qualified Professional and/or Monitoring Specialist will review water logs monthly or as needed to ensure compliance.	

DHSR-Mental Health

DEC 12 2019

Lic. & Cert. Section

Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Natara Williams BAamp* TITLE: *Residential Director* (X6) DATE: *November 15, 2019*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2019
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NAME OF PROVIDER OR SUPPLIER LEWIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7621 KUCK ROAD MINT HILL, NC 28227
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V 752	<p>Continued From page 1</p> <ul style="list-style-type: none"> - no incident reports on client #1 or client #2; -no emergency room visits or injuries to client #1 and client #2. <p>Interview on 11/7/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> -had tried to adjust hot water temperature to meet the requirements; -not sure why it was too hot; -last time was checked it was within the required range; -will adjust hot water tank temperature to meet the required range immediately. . 	V 752		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 12, 2019

Natara Williams
A Small Miracle, LLC
5309 Idlewild Road North
Charlotte, NC 28227

Re: Annual Survey completed 11/7/19
Lewis Home, 7621 Kuck Road, Mint Hill, NC 28227
MHL # 060-1402
E-mail Address: natara.williams@asmallmiraclellc.com

Dear Ms. Williams:

Thank you for the cooperation and courtesy extended during the annual survey completed November 7, 2019. A deficiency was cited.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiency was cited.

Time Frames for Compliance

- Standard level deficiencies must be corrected within 60 days from the exit date of the survey, which is January 6, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

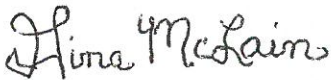
November 12, 2019
Natar Williams
A Small Miracle LLC

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (704)596-4072.

Sincerely,



Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

CC:

gmemail@cardinalinnovations.org

QM@partnersbhm.org

File



November 15, 2019

NCDHHS
Division of Health Service Regulation
Mental Health Licensure and Certification Section
Attn: Gina McLain
Facility Compliance Consultant I

Re: Annual Survey completed November 7, 2019
Lewis Home, 7621 Kuck Road, Mint Hill, NC 28227
MHL # 060-1402

Dear Ms. McLain,

Thank you for the services you rendered on 11/7/19 located at the Lewis Home. You noted an areas of deficiency that was in need of correction and we have responded expeditiously. Please find enclosed a copy of your letter to ensure correct identification. The summary state of deficiencies and the plan of correction.

We believe that this will conclude all necessary corrections. However, if you find that there is something else that needs our attention, Please do not hesitate to call me at 704-321-1635.

Sincerely,

A handwritten signature in black ink that reads "Natara Williams" followed by a horizontal line and the initials "BTW".

Natara Williams
Director of Residential Services