STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL093-031			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		B. WING		01/10/2020		
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WARREN	COUNTY GROUP HOME		STIAN ROAD A, NC 27563			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T DEFICIENC		TION SHOULD BE COMPLET THE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on January 10, 2020. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
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 ined between 100-116				
	failed to ensure the te	as evidenced by: n and interview, the facility emperature of the water was 100-116 degrees Fahrenheit.				
	temperature at the kit	0 at 9:45am revealed the tchen sink registered at 90 Temperatures in both use registered at 100				
		n 1/6/20 at approximately e temperature was still rees Fahrenheit.				
		a temperature log revealed the kitchen sink were				

NMZO11

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-031						DATE SURVEY COMPLETED	
			A. BUILDING:		R		
		B. WING		01/10/2020			
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
ARREN	COUNTY GROUP HOME		STIAN ROAD IA, NC 27563				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CC COSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 752	Continued From page 1		V 752				
	documented between 96 and 98 degrees Fahrenheit.						
	During an interview on 1/6/20 staff #1 reported the temperature at the kitchen sink always registered under 100 degrees Fahrenheit. She reported she would call the plumber immediately						
	to adjust the tempera	ture.					

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