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190120

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/27/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSE TWENTY-ONE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1131 BOXELDER LANE CHARLOTTE, NC 28262</b>
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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 000	INITIAL COMMENTS  An annual survey was completed on 12-27-19. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for All Disability Groups in a private Residence.	V 000	<b>DHSR - Mental Health</b>  <b>JAN 13 2020</b>  <b>Lic. &amp; Cert. Section</b>	
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 observation and interview the facility failed to maintain hot water between 100 and 116 degrees in areas where clients had access to water. The findings are:  Observation on 12-27-19 at approximately 3:00 pm revealed: -Bathroom sink was 125 degrees. -Bathroom shower was 125 degrees. -Kitchen sink was 125 degrees.  Interview on 12-27-19 with the Alternative Family Living provider revealed: -She does check the hot water regularly. -She would turn down the hot water immediately.	V 752	<i>AFL provider turned down the water temperature immediately following the review. The water temp will be checked to ensure appropriate temperature is achieved. • The AFL provider will look into possibility of replacing water heater with a digitally controlled one with readout. She will obtain a new thermometer for checking the temperature. • The water temp will be checked monthly and follow-up will be conducted by QP.</i>	12-27-19

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

*[Signature]*

TITLE  
*President, QP*

(X6) DATE  
**1/7/20**

Division of Health Service Regulation

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