PRINTED: 01/21/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
					R					
mhl060-907			B. WING		01/09/2020					
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STA	TE, ZIP CODE						
JIREH'S P	LACE. INC		SEMEDE DRIVE							
	JIREH'S PLACE, INC CHARLOTTE, NC 28227									
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE					
V 000	INITIAL COMMENTS		V 000							
	An annual and follow on 1/9/20. A deficience	up survey was completed cy was cited.								
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternative Family Living									
V 752	752 27G .0304(b)(4) Hot Water Temperatures		V 752							
	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical syisitors. (4) In areas of texposed to hot water,									
	failed to maintain hot	and interview the facility water between 100 and 116 re clients had access to								
	revealed: - hot water temperatu shower read 120 degi	o at approximately 2:15pm re in the bathroom sink and rees Fahrenheit (F) re in the kitchen sink read								
	2019. One time, the	ith The licensee/ AFL water heater put in October water was not hot enough They were trying to find the								

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

(X6) DATE TITLE

PRINTED: 01/21/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		mhl060-907	B. WING		R 01/09/2020					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
JIREH'S PLACE, INC 5128 ROSEMEDE DRIVE CHARLOTTE, NC 28227										
(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 COM CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)						
V 752	temperature and daily	ssistance with setting water / hygiene e-cited deficiency and must	V 752							

Division of Health Service Regulation

STATE FORM 6899 O04T11 If continuation sheet 2 of 2