	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING: _				
		MHL026-826	B. WING			R 02/21/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	VING HOME, INC #2		BBIN HOLMES EVILLE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENT	ſS	V 000				
	completed on Febru was unsubstantiate Deficiencies were of This facility is licens category: 10A NCA	nt, and follow up survey was uary 21, 2020. The complaint d (Intake NC#00160612). sted. sed for the following service AC 27G .5600C Supervised h Developmental Disabilities.					
V 108		rsonnel Requirements	V 108				
	<ul> <li>(g) Employee training provided and, at a r following:</li> <li>(1) general organiz</li> <li>(2) training on clier delineated in 10A N 10A NCAC 26B;</li> </ul>	cation shall be documented. ing programs shall be minimum, shall consist of the cational orientation; nt rights and confidentiality as ICAC 27C, 27D, 27E, 27F and					
	client as specified in plan; and (4) training in infec bloodborne pathoge	ens.					
	.5602(b) of this Sub member shall be av times when a client member shall be tra	itted under 10a NCAC 27G ochapter, at least one staff vailable in the facility at all is present. That staff ained in basic first aid					
	to provide cardiopu trained in the Heiml techniques such as the American Heart equivalence for relia (i) The governing b	Imonary resuscitation and lich maneuver or other first aid those provided by Red Cross Association or their eving airway obstruction. body shall develop and	,				
	to provide cardiopu trained in the Heiml techniques such as the American Heart equivalence for relia (i) The governing b implement policies tealth Service Regulation	lich maneuver or other first aid those provided by Red Cross Association or their eving airway obstruction.	,	TITLE			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division	of Health Service Re	equiation			FORM	IAPPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL026-826	B. WING			R <b>21/2020</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE		
THE LON	/ING HOME, INC #2		BBIN HOLME			
		FAYETTE	VILLE, NC 28	8312		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 108	Continued From pa	ge 1	V 108			
		ting and controlling infectious diseases of personnel and				
	facility failed to ens #5) received trainin The findings are: Review on 2/14/20 record revealed: -30 year old male a -Diagnoses include depressive type; an retardation; ankylos compulsive disorde disorder with antiso	views and interviews the ure 3 of 3 audited staff (#1, #4 g to meet the needs of clients. and 2/21/20 of client #3's dmitted 11/28/07. d schizoaffective disorder, ixiety disorder; mild mental sing spondylitis; obsessive r; borderline personality icial features. removal of part of his colon colostomy.				
	revealed: -Hired 2/21/10. -Was a direct care	of Staff #1's personnel file staff, a Residential Tech. of training to provide ostomy				
ivision of H	revealed: -Hired 12/23/08. -Was a direct care	of Staff #4's personnel file staff, a Residential Tech. of training to provide ostomy				

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ND PLAIN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED
		MHL026-826	B. WING		R 02/21/2020	
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	/ING HOME, INC #2	2162 DOI	BBIN HOLMES	ROAD		
	ANG HOWE, INC #2	FAYETTE	VILLE, NC 28	312		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 108	Continued From pa	ge 2	V 108			
	revealed: -Hired 3/31/19. -Was a direct care s	of Staff #5's personnel file staff, a Residential Tech. of training to provide ostomy				
	Unable to reach Sta for interview.	aff #1 on 2/21/20 via telephone				
	-She has changed	ostomy training in the past.				
		v on 2/21/20 staff #5 stated ed training on ostomy care.				
	-He was told by the had been trained or the hospital. -Staff #1 and #5 we hospital nurse's trai	D the Clinical Director stated: General Manager that staff n ostomy care by a nurse at are likely not included in the ning and therefore, did not n of ostomy care training.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administere order of a person a drugs. (2) Medications sha					

If continuation sheet 3 of 15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
				R	
	MHL026-826	B. WING		02/21/2020	
IAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S <sup>-</sup>	TATE, ZIP CODE		
HE LOVING HOME, INC #2		BBIN HOLMES			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118 Continued From pa	ge 3	V 118			
administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medications recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug. (5) Client requests to checks shall be record	Adding injections, shall be by licensed persons, or by trained by a registered nurse legally qualified person and e and administer medications ministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The ne following: and quantity of the drug; administering the drug; ne drug is administered; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation				
interviews, the facili medications were a physician and accur	ons, record reviews, and				
-40 year old female -Diagnoses include	of client #1's record revealed: admitted 3/13/19. d schizoaffective disorder; tion; depressive disorder.				
Review on 2/13/20	of client #1's orders by order				

STATE FORM

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED	
		MHL026-826	B. WING			R 02/21/2020	
IAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
		2162 DO		S ROAD			
HE LOV	/ING HOME, INC #2	FAYETTE	VILLE, NC 28	3312			
(X4) ID	-	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID DDEELV	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
V 118	Continued From pa	ge 4	V 118				
	date revealed:						
		ne 0.5 mg (milligrams) daily as					
	needed for tremors	100 mg twice daily. (Prevent o	_				
	treat constipation.)	Too fing twice daily. (Frevent of					
		ol 5 mg every evening.					
		dicine used to treat mental and					
		cluding schizophrenia.)					
		ne 50 mg twice daily. (Used to					
	hives or contact de	ergic skin reactions such as					
		st 0.005% eye drops, 1 drop in					
	each eye at bedtime	e. (Used to treat high pressure					
	inside the eye, i.e. o						
		e 400 mg every evening. (Used	1				
	schizophrenia.)	tal/mood disorders, i.e.					
		n 40 mg every evening.					
	(Lowers cholestero	l.)					
		olacrelex (Nicorette) 4 mg					
		ded for smoking cessation (as					
	needed for cravings	5).					
	Review on 2/13/20	of client #1's January and					
	February 2020 MAF						
		ed doses of the following					
		ot been documented as					
	Haloperidol 5 mg, H	12/20: Doculace 100 mg,					
		6 eye drops, Quetiapine 400					
	mg, and Simvastati						
		der for Benztropine 0.5 mg					
		ered as needed. The					
		ors" had not been transcribed enztropine had been					
	documented as adr						
		(Nicorette) 4 mg gum had					
	not been transcribe	d to the January or February					
	2020 MARs.	-					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	、 <i>,</i>			E SURVEY PLETED
		MHL026-826	B. WING		R 02/21/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		2162 DOE		S ROAD		
HE LOV	/ING HOME, INC #2	FAYETTE	VILLE, NC 28	3312		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pa	age 5	V 118			
		13/2020 at 4:39 pm of client n hand revealed there was no and.				
	-45 year old male a -Diagnoses include disability; intermitte esophagitis; mix hy	of client #2's record revealed: admitted 1/12/13. ed moderate intellectual ent explosive disorder; reflux /perlipidemia; attention deficit od without mention of				
	date revealed: -1/15/20: Benztrop -6/12/19: Latanopr in each eye at bedt -1/15/20: Olanzapi treat certain menta schizophrenia, bipo -4/11/19: Tamsulos to treat the sympto -1/15/20: Clonidine to treat high blood hyperactivity disord -1/15/20: Trazador bedtime. (Used to t and insomnia relate	ine 15 mg twice daily. (Used to I/mood conditions, i.e., olar disorder.) sin 0.4 mg at bedtime. (Used ms of an enlarged prostate). e 0.1 mg daily at 9 pm. (Used pressure, attention deficit ler, drug withdrawal.) ne 100 mg, 2 tablets at treat major depressive disorder				
	12/1/19 - 2/13/20 rd -The 9 pm schedul medications had no administered on 2/ Latanoprost 0.0059 mg, Tamsulosin 0.4	of client #2's MARs from evealed: ed doses of the following ot been documented as 12/20: Benztropine 2 mg, % eye drops, Olanzapine 15 4 mg, Clonidine 0.1 mg, , and Ensure 8 ounces.				

STATE FORM

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If continuation sheet 6 of 15

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
						R
		MHL026-826	B. WING		02/21/2020	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
THE LO	/ING HOME, INC #2		BIN HOLMES VILLE, NC 28			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
V 118	Continued From pa	ge 6	V 118			
	administered on 12 -Ensure 8 ounces, s at 9 am, 12 pm, 4 p	ad not been documented as /24/19 at 9 pm. scheduled to be administered m, and 9 pm, had not been ninistered on 1/9/20 at 9 am.				
	-30 year old male a -Diagnoses include depressive type; an retardation; ankylos	d schizoaffective disorder, xiety disorder; mild mental sing Spondylitis; obsessive r; borderline personality				
	date revealed: -2/10/20: Levetirac (Prevent seizures) -11/14/19: Monteluk evening (Prevents t breath caused by a -1/15/20: Perphena treat psychotic diso -1/15/20: Trazadon -1/15/20: Topiramat	of client #3's orders by order etam 500 mg twice daily. cast Sodium 10 mg every he wheezing and shortness of sthma and allergies.) azine 2 mg twice daily (Used to rders such as schizophrenia.) te 100 mg at bedtime. te 100 mg twice daily. revent migraine headaches.)				
	February 2020 rever -Levetiracetam 500 mg, Perphenazine and Topiramate 10 administered at 7 p -Levetiracetam 500 mg, Perphenazine	mg, Montelukast Sodium 10 2 mg, Trazadone 100 mg, 0 mg were scheduled to be m daily. mg, Montelukast Sodium 10 2 mg, Trazadone 100 mg, 0 mg were not documented as				
	Interview on 2/13/19	D aliant #1 atotad:				

	of Health Service Re					
	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		MHL026-826	B. WING			R <b>21/2020</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	VING HOME, INC #2		BIN HOLMES			
			VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ge 7	V 118			
	room doctor told he -She had shaking ir -She never received her hands or legs. Interview on 2/13/20 -She would give clie needed for agitatior -She had not given Benztropine medica Due to the failure to medication adminis determined if clients	ent #1 her Benztropine if n or if she became combative. client #1 any of the ation. • accurately document tration it could not be s received their medications				
V 120	as ordered by the p 27G .0209 (E) Med		V 120			
	<ul> <li>well-lighted, ventilat and 86 degrees Fal</li> <li>(B) in a refrigerator, degrees and 46 degrees Fal</li> <li>(B) in a refrigerator, degrees and 46 degrees Fal</li> <li>(C) separately for e</li> <li>(C) separately for e</li> <li>(D) separately for e</li> <li>(E) in a secure man for a client to self-m</li> <li>(2) Each facility that controlled substance registered under the</li> </ul>	age: hall be stored: ked cabinet in a clean, ed room between 59 degrees nrenheit; if required, between 36 grees Fahrenheit. If the for food items, medications eparate, locked compartment ach client; xternal and internal use; iner if approved by a physician				

Division	of Health Service Re	gulation	T			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
						R
		MHL026-826	B. WING		02/21/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	VING HOME, INC #2		BBIN HOLME			
		FAYETTE	VILLE, NC 28	8312		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 120	Continued From pa	ge 8	V 120			
	subsequent amend	-				
	cubecquerit ameria					
	This Rule is not me	et as evidenced by:				
		ons, interviews, and record				
	reviews, the facility	failed to ensure medications				
		e between 36 degrees and 46				
		t were stored in a separate,				
	•	nt or container in a refrigerator dited (#1, #2). The findings				
	are:	(#1, #2). The infullys				
	-40 year old female -Diagnoses include mild mental retarda -Order dated 1/8/20 drops, 1 drop in eac	of client #1's record revealed: admitted 3/13/19. d schizoaffective disorder; tion; depressive disorder. ): Latanoprost 0.005% eye ch eye at bedtime. (Used to inside the eye, i.e. due to				
	pm of client #1's me -1 opened bottle of	13/20 at approximately 4:39 edications on hand revealed Latanoprost 0.005% eye e cabinet, dispense date,				
	-10 unopened bottle drops stored in an u the following disper 4/2/19, 4/29/19, 5/2	es of Latanoprost 0.005% eye un-refrigerated file cabinet with use dates: 8/19, 6/26/19, 7/22/19, 0/14/19, 12/27/19, and				
	-The instructions or	the boxes of unopened				
		6 eye drops read, during				
		ation could be maintained at 104 degrees Fahrenheit, not				
		Once opened the eye drops				
		geration for up to 6 weeks.				
		hould be stored under				

Division of Health Service Regulation STATE FORM

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of Health Service Re	guiation				
T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	MHL026-826	B. WING		R 02/21/2020	
ROVIDER OR SUPPLIER					
ING HOME, INC #2					
SUMMARY STA		ID		ORRECTION	(X5)
		PREFIX TAG	CROSS-REFERENCED TO TH	HE APPROPRIATE	COMPLET DATE
Continued From pa	ge 9	V 120			
-45 year old male a -Diagnoses include disability; intermitted esophagitis; mix hy disorder of childhoo hyperactivity. -Order dated 6/12/1 drops, 1 drop in eac Observations on 2/ <sup>-</sup> pm of client #2's me opened bottle of La	<ul> <li>dmitted 1/12/13.</li> <li>d moderate intellectual nt explosive disorder; reflux perlipidemia; attention deficit of without mention of</li> <li>9: Latanoprost 0.005% eye ch eye at bedtime.</li> <li>13/20 at approximately 4:39 edications on hand revealed 1 tanoprost 0.005% eye drops,</li> </ul>				
stated: -Latanoprost 0.0056 refrigeration once of to exceed 6 weeks though not required eye drops once ope -Each unopened bo eye drops contained was 20 drops per m a total of 50 eye dro -In order to have an drops, the pharmace eye drops per mont -Once opened, the up to 6 weeks. Uno were refrigerated bo determined when th	% eye drops did not require pened if used as directed (not per product label). Even , it was "ok" to refrigerate the ened. ttle of Latanoprost 0.005% d 2.5 ml (milliliters), and there nilliliter. (This would provide for ops per bottle.) a dequate supply of eye ey had dispensed 2 bottles of h. eye drops were safe to use for pened bottles of eye drops ecause it could not be ne medication would be				
	PROVIDER OR SUPPLIER ING HOME, INC #2 SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa refrigeration betwe degrees Fahrenheit Finding #2: Review on 2/13/20 -45 year old male a -Diagnoses include disability; intermitte esophagitis; mix hy disorder of childhoo hyperactivity. -Order dated 6/12/11 drops, 1 drop in eac Observations on 2/7 pm of client #2's me opened bottle of La dispense date 1/3/2 the refrigerator. Telephone interview stated: -Latanoprost 0.0050 refrigeration once o to exceed 6 weeks though not required eye drops once ope -Each unopened bot eye drops per mont -Once opened, the up to 6 weeks. Uno were refrigerated bo determined when th	OF CORRECTION       IDENTIFICATION NUMBER:         INCIDER OR SUPPLIER       STREET AD         ING HOME, INC #2       2162 DOE FAYETTE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Continued From page 9         refrigeration between 36 degrees and 46 degrees Fahrenheit.       Finding #2:         Review on 2/13/20 of client #2's record revealed: -45 year old male admitted 1/12/13. -Diagnoses included moderate intellectual disability; intermittent explosive disorder; reflux esophagitis; mix hyperlipidemia; attention deficit disorder of childhood without mention of hyperactivity.       Order dated 6/12/19: Latanoprost 0.005% eye drops, 1 drop in each eye at bedtime.         Observations on 2/13/20 at approximately 4:39 pm of client #2's medications on hand revealed 1 opened bottle of Latanoprost 0.005% eye drops, dispense date 1/3/20, in an unlocked box inside the refrigerator.         Telephone interview on 2/13/20 the pharmacist stated: -Latanoprost 0.005% eye drops did not require refrigeration once opened if used as directed (not to exceed 6 weeks per product label). Even though not required, it was "ok" to refrigerate the eye drops once opened. -Each unopened bottle of Latanoprost 0.005% eye drops contained 2.5 ml (milliliters), and there was 20 drops per milliliter. (This would provide for a total of 50 eye drops per bottle.) -In order to have an adequate supply of eye drops, the pharmacy had dispensed 2 bottles of eye drops per month.	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL026-826       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         ING HOME, INC #2       2162 DOBBIN HOLMES         FAYETTEVILLE, NC 22       SUMMARY STATEMENT OF DEFICIENCIES       ID         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG         Continued From page 9       V 120         refrigeration between 36 degrees and 46 degrees Fahrenheit.       PREFIX TAG         Finding #2:       Review on 2/13/20 of client #2's record revealed:       -45 year old male admitted 1/12/13.         -Diagnoses included moderate intellectual disability; intermittent explosive disorder; reflux esophagitis; mix hyperlipidemia; attention defict disorder of childhood without mention of hyperactivity.       ODServations on 2/13/20 at approximately 4:39 pm of client #2's medications on hand revealed 1 opened bottle of Latanoprost 0.005% eye drops, dispense date 1/3/20, in an unlocked box inside the refrigerator.       Telephone interview on 2/13/20 the pharmacist stated:         -Latanoprost 0.005% eye drops did not require refrigeration once opened.       Even though not required, it was "ok" to refrigerate the eye drops once opened.         -Each unopened bottle of Latanoprost 0.005% eye drops contained 2.5 ml (milliliters), and there was 20 drops per milliliter. (This would provide for a total of 50 eye drops per bottle.) -In order to have an adequate supply of eye drops, the pharmacy had dispensed 2 bottles of eye drops per month. <td>OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL026-826       B. WING         ING HOME, INC #2       2162 DOBBIN HOLMES ROAD FAYETTEVILLE, NC 28312         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES) (EACH DEFICIENCY WIST BE PRECENCIES) (EACH DEFICIENC</td> <td>OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING:     COM       MHL026-826     B. WING     027       ROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE     2162 DOBBIN HOLMES ROAD       ING HOME, INC #2     PROVIDERS PLAN OF CORRECTION     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     PROVIDERS PLAN OF CORRECTION     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     PROVIDERS PLAN OF CORRECTION     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       CONTINUED TO INCOMENTATION INST BE PROVIDENT OF DEFICIENCY     PROVIDERS PLAN OF CORRECTION     EEXAMPHORINATE       Continued From page 9     V 120     V 120     Continued From Page 9     V 120       Continued From page 9     V 120     V 120     DEFICIENCY     Continued From Page 9       Continued From page 9     V 120     V 120     DEFICIENCY     DEFICIENCY</td>	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL026-826       B. WING         ING HOME, INC #2       2162 DOBBIN HOLMES ROAD FAYETTEVILLE, NC 28312         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES (EACH DEFICIENCY WIST BE PRECEDENCIES) (EACH DEFICIENCY WIST BE PRECENCIES) (EACH DEFICIENC	OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING:     COM       MHL026-826     B. WING     027       ROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE     2162 DOBBIN HOLMES ROAD       ING HOME, INC #2     PROVIDERS PLAN OF CORRECTION     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     PROVIDERS PLAN OF CORRECTION     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     PROVIDERS PLAN OF CORRECTION     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       ING HOME, INC #2     SUMMARY STATEMENT OF DEFICIENCIES     ID     PROVIDERS PLAN OF CORRECTION       CONTINUED TO INCOMENTATION INST BE PROVIDENT OF DEFICIENCY     PROVIDERS PLAN OF CORRECTION     EEXAMPHORINATE       Continued From page 9     V 120     V 120     Continued From Page 9     V 120       Continued From page 9     V 120     V 120     DEFICIENCY     Continued From Page 9       Continued From page 9     V 120     V 120     DEFICIENCY     DEFICIENCY

Division of Health Service Regulation STATE FORM

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If continuation sheet 10 of 15

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
					R	
				02/	02/21/2020	
VING HOME, INC #2						
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From pa	ige 10	V 120				
deteriorate prior to	use.					
27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
EXTERIOR REQUI (c) Each facility and maintained in a safe	REMENTS I its grounds shall be e, clean, attractive and orderly					
Based on observati was not maintained	ion and interview, the facility I in a safe, clean, attractive					
12:30 pm revealed: -The covered front metal chair and 1 m provide for outdoor plywood across the that would make it p Upholstery on the s worn away exposing vinyl covering. -Green discoloration siding and gutters of Black speckled stai	porch of the facility had 1 netal sofa without cushions to seating. There was a piece o metal supports in the chair possible to be used for sitting. seat of a cushioned chair was g the fabric backing of the n/staining on the exterior vinyl on the home, front and back.					
	OF CORRECTION PROVIDER OR SUPPLIER <b>/ING HOME, INC #2</b> SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa deteriorate prior to Interview on 2/13/2 he would address t drops. 27G .0303(c) Facili 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf manner and shall b odor. This Rule is not me Based on observati was not maintained and orderly manner Observations on 2/ 12:30 pm revealed: -The covered front metal chair and 1 m provide for outdoor plywood across the that would make it Upholstery on the s worn away exposin vinyl covering. -Green discoloratio siding and gutters of Black speckled stai the front porch.	OF CORRECTION       IDENTIFICATION NUMBER:         MHL026-826         PROVIDER OR SUPPLIER       STREET A         2162 DO FAVETTI       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 10       deteriorate prior to use.         Interview on 2/13/20 the Clinical Director stated he would address the storage issues for the eye drops.         27G .0303(c) Facility and Grounds Maintenance         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.         This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:         Observations on 2/13/20 between 11:30 am and 12:30 pm revealed: -The covered front porch of the facility had 1 metal chair and 1 metal sofa without cushions to provide for outdoor seating. There was a piece o plywood across the metal supports in the chair that would make it possible to be used for sitting. Upholstery on the seat of a cushioned chair was worn away exposing the fabric backing of the vinyl covering. -Green discoloration/staining on the exterior vinyl siding and gutters on the home, front and back. Black speckled stains around the exterior light on	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL026-826       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 10       V 120         deteriorate prior to use.       Interview on 2/13/20 the Clinical Director stated he would address the storage issues for the eye drops.       V 120         27G .0303(c) Facility and Grounds Maintenance       V 736         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.       V 736         This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:       Observations on 2/13/20 between 11:30 am and 12:30 pm revealed: -The covered front porch of the facility had 1 metal chair and 1 metal sofa without cushions to provide for outdoor seating. There was a piece of plywood across the metal supports in the chair that would make it possible to be used for sitting. Upholstery on the seat of a cushioned chair was worn away exposing the fabric backing of the vinyl covering. -Green discoloration/staining on the exterior vinyl siding and gutters on the home, front and back. Black speckled stains around the exterior light on the front porch.	OF CORRECTION     DENTIFICATION NUMBER:     A. BUILDING:       MHL026-826     B. WING       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       ING HOME, INC #2     2162 DOBBIN HOLMES ROAD FAYETTEVILLE, NC 28312       IMARARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREVX PREFX       Continued From page 10     V 120       deteriorate prior to use.     Interview on 2/13/20 the Clinical Director stated he would address the storage issues for the eye drops.     V 736       27G .0303(c) Facility and Grounds Maintenance     V 736       10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.     V 736       This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:     V 736       Observations on 2/13/20 between 11:30 am and 12:30 pm revealed:     There was a piece of plywood across the metal supports in the chair that would make it possible to be used for sitting. Upholstery on the seat of a cushioned chair was worn away exposing the fabric backing of the vinyl covering. -Green discoloration/staining on the exterior vinyl siding and gutters on the home, front and back. Black speckled stains around the exterior light on the front proch.	OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING:     COM       MHL026-826     B. WING     02/       PROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE     2162 DOBBIN HOLMES ROAD       FAYETTEVILLE, NC 28312     PROVIDER'S PLAND OF CORRECTION (ESCURIONY OR LSC DENTIFYING WROTMATCH)     PROVIDER'S PLAND OF CORRECTION (ESCURIONY OR LSC DENTIFYING WROTMATCH)     PROVIDER'S PLAND OF CORRECTION (ESCURIONY OR LSC DENTIFYING WROTMATCH)       Continued From page 10     V 120     V 120       deteriorate prior to use.     V 120       Interview on 2/13/20 the Clinical Director stated he would address the storage issues for the eye drops.     V 736       27G. 0303(c) Facility and Grounds Maintenance     V 736       DARCAC 27G. 0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.     V 736       This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:     Observations on 2/13/20 between 11:30 am and 12:30 pm revealed: -The covered front port of the facility had 1 metal chair and 1 metal sofe without cushions to provide for outdor seating. There was a piece of plywood across the metal supports in the chair that would make it possible to be used for sitting. Upholstery on the seat of a cushioned chair was worn away exposing the fabric backing of the vinyl covering. -The covered front proth on the home, front and back. Black speckled stains around the exterior vinyl stiding and gutters on the home, fron	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		E SURVEY PLETED
	of connection	BENTI IOATION NOMBER.	A. BUILDING:			
		MHL026-826	B. WING		R 02/21/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	/ING HOME, INC #2	2162 DOE	BIN HOLMES	ROAD		
	TING HOME, INC #2	FAYETTE	VILLE, NC 28	312		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ge 11	V 736			
	-Gray particles of for collected in bottom counter beside the -Dried beans and ju drawer to the left of -Gray black, brown, collected in the stow -Cover on the elect separated from the -Air return vent betw room was occluded -Fabric on one of th away on the seat. -Outdoor back porc on the exterior wall the home was dang to the wall. Spider railings. Old mattree the porch. -Curtain rods saggii -Window screen tor on the front of the h and kitchen. -Light fixture in the Overhead vent not -Client #1's room: I blades; smoke dete split at bottom. -Hole present in the side. -Client #3's room: 0 broken; door to the broken (used to sto	the stove. particles of food and debris ve storage drawer. rical outlet in the kitchen was wall. veen the kitchen and laundry with dust buildup. the kitchen chairs was worn h: Carpet stained; light fixture beside the door leading into ling by the wires, unattached webs present on the porch the sis propped against the side of ng in the living room. In in the office area that was toome between the living room hall bath covered with rust. working. Dust build up on ceiling fan tector chirping. Door facing te door to client #2's room, hall Curtain rods sagging; blinds entertainment type cabinet re bedding). Vent rusted; dirt and debris				
	Interview on 2/13/20 detector had been o	Collect Collent #1 stated her smoke Chirping since she had been Year. (Client #1 had been				

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IT OF DEFICIENCIES OF CORRECTION	CALL CONTREMENTS CONTRE			(X3) DATE SURVEY COMPLETED	
MHL026-826		B. WING		R 02/21/2020	
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
/ING HOME, INC #2					
				0000000000	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From page 12		V 736			
admitted 3/13/19.)					
27G .0303(d) Pest	Control	V 738			
EXTERIOR REQUI	REMENTS				
Based on observati	ons and interview, the facility				
12:30 pm revealed: -Black particles the of a grain of rice pre the kitchen, along the refrigerator and wal stove storage drawe -2 mounds of wood with termite excrement the widow over the the window between	approximate size and shape esent on the open shelving in he floor between the I and stove, and inside the ers. colored pellets, consistent hent, built up on both sides of kitchen sink. The surface of n the 2 mounds was				
	OF CORRECTION PROVIDER OR SUPPLIER <b>/ING HOME, INC #2</b> SUMMARY STA (EACH DEFICIENCY REGULATORY OR L: Continued From para admitted 3/13/19.) Interview on 2/13/20 he would address th This deficiency has original cite on 1/26 within 30 days. 27G .0303(d) Pest 10A NCAC 27G .03 EXTERIOR REQUI (d) Buildings shall b rodents. This Rule is not me Based on observati was not kept free fr findings are Observation on 2/11 12:30 pm revealed: -Black particles the of a grain of rice pro- the kitchen, along th refrigerator and wal stove storage drawa -2 mounds of wood with termite excrem- the window betweed discolored with blac- Dead colorless wir	OF CORRECTION       IDENTIFICATION NUMBER:         MHL026-826         PROVIDER OR SUPPLIER       STREET A         2162 DO FAYETT       STREET A         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Interview on 2/13/20 the Clinical Director stated he would address the facility issues.         This deficiency has been cited 3 times since the original cite on 1/26/18 and must be corrected within 30 days.       27G .0303(d) Pest Control         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.       Mind insects and rodents. The findings are         Observation on 2/13/20 between 11:30 am and 12:30 pm revealed: -Black particles the approximate size and shape of a grain of rice present on the open shelving in the kitchen, along the floor between the refrigerator and wall and stove, and inside the stove storage dravers. -2 mounds of wood colored pellets, consistent with termite excrement, built up on both sides of the window between the 2 mounds was discolored with black speckled stains. -Dead colorless winged insects were adhered to	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL026-826       B. WING	OF CORRECTION     IDENTIFICATION NUMBER:     A. BUILDING:       MHL026-826     B. WING       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       SUMMARY STATEMENT OF DEFICIENCIES     ID       SUMMARY STATEMENT OF DEFICIENCIES     D       (EACH DEFICIENCY MIST BE PRECIDENCIES     ID       REGULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX       Continued From page 12     V 736       admitted 3/13/19.)     Interview on 2/13/20 the Clinical Director stated he would address the facility issues.       This deficiency has been cited 3 times since the original cite on 1/26/18 and must be corrected within 30 days.     V 738       27G .0303(d) Pest Control     V 738       10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.     V 738       This Rule is not met as evidenced by: Based on observations and interview, the facility was not kept free from insects and rodents. The findings are     Observation on 2/13/20 between 11:30 am and 12:30 pm revealed: -Black particles the approximate size and shape of a grain of rice present on the open shelying in the kitchen, along the floor between the refrigerator and wall and stove, and inside the stove storage drawers. -2 mounds of wood colored pellets, consistent with termite excrement, built up on both sides of the window between the 2 mounds was discolored with black speckled stains. -Dead coloreless winged insects were adhered to	OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING:     COM       MHL026-826     B. WING     027       PROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE     2162 DOBBIN HOLMES ROAD       FAYETTEVILLE, NC 28312     FAYETTEVILLE, NC 28312     IP       RESULATORY OR LSC IDENTIFYING INFORMATION)     IP     IP       RESULATORY OR LSC IDENTIFYING INFORMATION)     IP     IP       Continued From page 12     V 736     CROSS-REFERENCED TO THE APPROPRIATE       Continued From page 12     V 736     DEFICIENCY)       Continued From page 12     V 736     CROSS-REFERENCED TO THE APPROPRIATE       DEFICIENCY     DEFICIENCY)     DEFICIENCY)       Continued From page 12     V 736       admitted 3/13/19.)     Interview on 2/13/20 the Clinical Director stated       he would address the facility issues.     V 738       This deficiency has been cited 3 times since the original cite on 1/26/18 and must be corrected     V 738       10A NCAC 27G, 0303 LOCATION AND     EXTERIOR REOUIREMENTS       (d) Buildings shall be kept free from insects and rodents. The findings are       Observation on 2/13/20 between 11:30 am and 12:30 pm revealed:       -Biased on observations and interview, the facility was not kept free from insects and rodents. The findings are       Observation on 2/13/20 between the represent on the open shelving in the kitchen, along the floor between the refrigerator and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-826			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL026-826	B. WING			R 02/21/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
THE LOV	/ING HOME, INC #2		BBIN HOLMES VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 738	Continued From pa	ge 13	V 738			
	"a while back." -Mouse traps were -The traps were set freezer. Interview on 2/13/20 -He had seen mice prior. -Mouse traps had b know how many ha Interview on 2/13/20	couple of mice in the kitchen set using peanut butter. by the refrigerator and 0 client #3 stated: in the kitchen about a month een put out but he did not				
V 752		t Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas c exposed to hot wate	204 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116				
	failed to maintain w	ons and interview, the facility ater temperatures between ahrenheit where clients had				
	Observations on 2/	13/20 between 11:30 am and				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED R 02/21/2020	
		MHL026-826				
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HE LOV	ING HOME, INC #2					
			EVILLE, NC 28	PROVIDER'S PLAN OF		(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 752	Continued From pa	ige 14	V 752			
	measured 120 deg -The hot water tem sink and tub meas -The hot water tem bathroom sink mea Fahrenheit. Interview on 2/13/2 he would address t	perature at the kitchen sink rees Fahrenheit. perature at the hall bathroom ured 118 degrees Fahrenheit. perature at the master				