Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´COM		(X3) DATE COMP	SURVEY
			A. BUILDING:			,
		MHL026-812	B. WING		07/0	2/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RAINBO	W OF SUNSHINE 2		ARWOOD ST LAKE, NC 28			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	COMPLETE DATE
V 000	INITIAL COMMENT	INITIAL COMMENTS				
		w up survey was completed ficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
V 736	736 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.					
	was not maintained and orderly manner	on and interviews, the facility lin a safe, clean, attractive				
	- The rear door in cobedroom was not a - The glass window bedroom was broke - The air return ven rusted.  Interview on 07/01/2 - He was not able to and client #4's bedroom was not able to all the was not able to and client #4's bedroom was not able to all the was not ab	rin client #2 and client #4's en and cracked. It in the living room area was 21 staff #1 stated: It is get the rear door in client #2 room opened.				
		ken the bedroom window eeks ago when she got mad at				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:		(X3) DATE	B) DATE SURVEY COMPLETED	
		MHL026-812	B. WING			R 02/2021	
	PROVIDER OR SUPPLIER W OF SUNSHINE 2	307 CED	DDRESS, CITY, S ARWOOD ST LAKE, 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 736	<ul><li>She understood the client #4's bedroom safety.</li><li>She would ensure repaired.</li></ul>	21 the Licensee stated: ne window in client #2 and needed to be repaired for the bedroom window was stitutes a re-cited deficiency	V 736				
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	of Water Temperatures 304 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 t.	V 752				
	water temperatures 100-116 degrees Facilients were expose are:  Observation on 07/10:00am of water terevealed: - The hot water tem #4's bathroom was	et as evidenced by: on and interviews, the facility were not maintained between ahrenheit in areas where ed to hot water. The findings  01/21 at approximately emperatures in the facility  uperature in client #2 and client 96 degrees Fahrenheit. om in the hallway revealed a					

Division of Health Service Regulation

STATE FORM BK6U11 If continuation sheet 2 of 3

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  307 CEDARWOOD STREET  SPRING LAKE, NC 28390  (24) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 2 hot water temperature of 96 degrees Fahrenheit.  Interview on 07/01/21 the Qualified Professional stated:  - He had recently turned the water temperature down He would adjust the water temperature to the required range per rule.  Interview on 07/02/21 the Licensee stated she would ensure the water temperature is within the required range per rule.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  RAINBOW OF SUNSHINE 2  \$TREET ADDRESS, CITY, STATE, ZIP CODE  307 CEDARWOOD STREET SPRING LAKE, NC 28390   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 2  hot water temperature of 96 degrees Fahrenheit.  Interview on 07/01/21 the Qualified Professional stated:  - He had recently turned the water temperature down.  - He would adjust the water temperature to the required range per rule.  Interview on 07/02/21 the Licensee stated she would ensure the water temperature is within the				A. BOILDING.		F	2	
RAINBOW OF SUNSHINE 2  307 CEDARWOOD STREET SPRING LAKE, NC 28390  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 2 hot water temperature of 96 degrees Fahrenheit.  Interview on 07/01/21 the Qualified Professional stated: - He had recently turned the water temperature down He would adjust the water temperature to the required range per rule.  Interview on 07/02/21 the Licensee stated she would ensure the water temperature is within the			MHL026-812	B. WING				
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE      V 752	NAME OF F	PROVIDER OR SUPPLIER						
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 2  hot water temperature of 96 degrees Fahrenheit.  Interview on 07/01/21 the Qualified Professional stated: - He had recently turned the water temperature down He would adjust the water temperature to the required range per rule.  Interview on 07/02/21 the Licensee stated she would ensure the water temperature is within the	PAINBOW OF SUNSHINE?							
hot water temperature of 96 degrees Fahrenheit.  Interview on 07/01/21 the Qualified Professional stated: - He had recently turned the water temperature down He would adjust the water temperature to the required range per rule.  Interview on 07/02/21 the Licensee stated she would ensure the water temperature is within the	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE	
Interview on 07/01/21 the Qualified Professional stated: - He had recently turned the water temperature down He would adjust the water temperature to the required range per rule.  Interview on 07/02/21 the Licensee stated she would ensure the water temperature is within the	V 752	Continued From page 2		V 752				
stated: - He had recently turned the water temperature down He would adjust the water temperature to the required range per rule.  Interview on 07/02/21 the Licensee stated she would ensure the water temperature is within the		hot water temperate	ure of 96 degrees Fahrenheit.					
		Interview on 07/01/stated: - He had recently to down He would adjust the required range per Interview on 07/02/would ensure the w	21 the Qualified Professional arned the water temperature to the rule.  21 the Licensee stated she rater temperature is within the					

6899

Division of Health Service Regulation
STATE FORM