## PRINTED: 09/01/2021 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL060-728		B. WING		08/31/2021		
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
THE BRID	GET SMITH HOME		OTTE, NC 28215				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
∨ 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on 8-31-21. Deficiencies were cited.						
		ed for the following service 27G 5600F Supervised y groups in a Private					
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each fact constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, ipped in a manner that safety of clients, staff and the facility where clients are the temperature of the ained between 100-116					
	facility to ensure the	n and interview the facility hot water was between 100 Il areas where clients are					
	revealed: -Kitchen sink ho	-21 at approximately 4:00 pm t water was 121 degrees. he clients used, the sink hot ees.					
	Living Provider revea -She didn't know had been working on	/ why it was so hot, but they					
	alth Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNATU	1	TITLE		(X6) DATE	

KDN611

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Division of Health Service Regulation   STATEMENT OF DEFICIENCIES   AND PLAN OF CORRECTION   (X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:   MHL060-728		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CC		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		B. WING		08/31/2021			
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE			
HE BRID	GET SMITH HOME		GARDENIA STREET OTTE, NC 28215				
(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) COMPLET DATE	
V 752	it is not too hot. -The pilot light w water shouldn't be so	vasn't on at the time, so the	V 752				

KDN611