PRINTED: 12/13/2021 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				
		MHL041-608	B. WING		12/10/2021				
NAME OF P	ROVIDER OR SUPPLIER	STREET A'	DDRESS, CITY, STA	TE, ZIP CODE	·				
			NTON LANE						
BENTON LANE GREENSBORO, NC 27455									
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE				
V 000	INITIAL COMMENTS		V 000						
	An annual survey was A deficiency was cited	s completed on 12/10/2021. d.							
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.								
	The survey sample co	onsisted of audits of 3							
V 752	27G .0304(b)(4) Hot \	Nater Temperatures	V 752						
	EQUIPMENT (b) Safety: Each facil constructed and equipmensures the physical syisitors. (4) In areas of texposed to hot water,								
	This Rule is not met a Based on observation facility's hot water ter maintained between 1 (F). The findings are:	ns and interviews, the							
	Observation at approx 12/9/2021 of the hot v revealed: - The kitchen sink hot degrees F.								
		ximately 10:15am on water temperature revealed: ure was re-tested with the							

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

(X6) DATE TITLE

PRINTED: 12/13/2021 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY				
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			COMPLETED				
MHL041-608		B. WING		12/10/2021					
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ΓΕ, ZIP CODE					
BENTON LANE 2205 BENTON LANE									
BENTON	LANE	GREENS	BORO, NC 2745	5	<u> </u>				
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE				
V 752	Continued From page 1		V 752						
V 102	Maintenance Staff pre- The kitchen sink's he degrees F on the Sur- The Maintenance St revealed the hot water degrees F.  Interview on 12/9/202 There had not been the facility being too heard the facility's clients often. All clients could adjusted independently.  Interview on 12/9/202 Staff revealed: He would turn the the heater down immedia. A hot water regulato on the kitchen hot was interview on 12/10/20 Professional revealed. There had not been water at the facility the None of the facility's the hot water in the kitchen hot was interview on the kitchen water in the kitchen hot water i	esent. of water remained at 134 veyor's thermometer. caff's digital thermometer of temperature as 135  11 with Staff #1 revealed: any issues with the water in not. did not use the kitchen sink ust the water temperature  11 with the Maintenance ermostat on the water tely. or might need to be placed ter line.  121 with the Qualified or any issues with the hot at she was aware of. clients had been injured by tchen. able to regulate the water dently.  121 with the Regional or deny issues with the							

Division of Health Service Regulation

STATE FORM MGE911 If continuation sheet 2 of 2