

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/10/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BENTON LANE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2205 BENTON LANE GREENSBORO, NC 27455</b>
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(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) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 12/10/2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><b>DHSR - Mental Health</b></p> <p><b>DEC 29 2021</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	
V 752	<p><b>27G .0304(b)(4) Hot Water Temperatures</b></p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p>	V 752	<p>√ 752</p> <p>The Maintenance Technician contacted an outside vendor to replace the regulator in the kitchen and bathroom sink adjacent to the kitchen hot water line. The Residential Team Leader or Qualified Professional will check the water temperature in the home two times a week for one month and then monthly during Environmental Assessment to ensure the water temperature in the home is between 100-116 degrees. In the future the team will ensure the water temperature of the home remains within 110-116 degrees.</p> <p>By: 2/8/22</p>	
	<p>This Rule is not met as evidenced by: Based on observations and interviews, the facility's hot water temperature was not maintained between 100-116 degrees Fahrenheit (F). The findings are:</p> <p>Observation at approximately 9:00am on 12/9/2021 of the hot water temperatures revealed: - The kitchen sink hot water temperature was 134 degrees F.</p> <p>Observation at approximately 10:15am on 12/9/2021 of the hot water temperature revealed: - The water temperature was re-tested with the</p>			

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

*Shelia Khan*

TITLE  
*Administrator*

(X6) DATE  
*12/17/21*

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NAME OF PROVIDER OR SUPPLIER  <b>BENTON LANE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2205 BENTON LANE GREENSBORO, NC 27455</b>		
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V 752	Continued From page 1  Maintenance Staff present. - The kitchen sink's hot water remained at 134 degrees F on the Surveyor's thermometer. - The Maintenance Staff's digital thermometer revealed the hot water temperature as 135 degrees F.  Interview on 12/9/2021 with Staff #1 revealed: - There had not been any issues with the water in the facility being too hot. - The facility's clients did not use the kitchen sink often. - All clients could adjust the water temperature independently.  Interview on 12/9/2021 with the Maintenance Staff revealed: - He would turn the thermostat on the water heater down immediately. - A hot water regulator might need to be placed on the kitchen hot water line.	V 752		
	Interview on 12/10/2021 with the Qualified Professional revealed: - There had not been any issues with the hot water at the facility that she was aware of. - None of the facility's clients had been injured by the hot water in the kitchen. - Facility clients were able to regulate the water temperature independently.			
	Interview on 12/10/2021 with the Regional Administrator revealed: - She was not aware of any issues with the facility's hot water temperature.			



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 14, 2021

Shelia Shaw, Regional Administrator  
RHA Health Services NC, LLC  
1701 Westchester Dr., Ste. 940  
High Point, NC 27262

Re: Annual Survey Completed December 10, 2021  
Benton Lane, 2205 Benton Lane, Greensboro, NC 27455  
MHL# 041-608  
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the annual survey completed December 10, 2021.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

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#### Type of Deficiencies Found

- The tag cited is a standard level deficiency.

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#### Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is February 8, 2022.

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#### What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 14, 2021  
Benton Lane  
Shelia Shaw

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

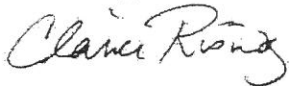
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



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Clarice Rising, MSW, LCSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

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Cc: DHSR\_Letters@sandhillscenter.org  
Pam Pridgen, Administrative Assistant

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