

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LUCILLE'S BEHAVIORAL, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>414-F KINGOLD BLVD SNOW HILL, NC 28580</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on March 2, 2022. The complaint was unsubstantiated (intake #NC00186388). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness, and 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</p> <p>The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 132	<p><b>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</b></p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b></p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p>	V 132		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 132	<p>Continued From page 1</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) is notified of an allegation against health care personnel. The findings are:</p> <p>Review on 03/01/22 of client #9's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 year old male.</li> <li>- Admission date of 12/15/21.</li> <li>- Diagnoses of Post Traumatic Stress Disorder, Bipolar Disorder Unspecified, Oppositional Defiant Disorder, Hypertension and Obesity.</li> </ul>	V 132		

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V 132	<p>Continued From page 2</p> <p>Review on 03/01/22 and 03/02/22 of facility records revealed no documentation the HCPR was notified of client #9's allegation against staff #2.</p> <p>Review on 03/02/22 of a facility "Level I Incident Report" revealed:</p> <ul style="list-style-type: none"> <li>- Date of incident: 01/05/22.</li> <li>- Time of incident: 6:30pm.</li> <li>- Client name: Client #9.</li> <li>- Staff involved: Staff #2 and former staff (FS) #4.</li> <li>- "Description of Incident (Describe in as much detail as you can what happened before, during, and after incident.) Be sure to include who, where, when, and consumer's condition after incident. Identify other consumers in report using initials only. Member #1] and member [Client #7] began to fight. [Staff #2] walked over to members to assess the situation. Member [Client #9] began to make remarks about the situation and walked over to member [Client #7] aggressively. [Staff #2] redirected member [Client #9] to stay out of the situation, allowing the adults to handle it. Member [Client #9] walked over to [Staff #2] swinging his arms. [Staff #2] tried to block the swings and slipped and fell to the ground. [FS #4] walked over to assist [Staff #2] by physically restraining member [Client #9] to protect him and others. Member [Client #9] began to calm down while restrained. once member [Client #9] was determined to remain calm, [Staff #2] and [FS #4] walked member [Client #9] into the building. Staff members assessed member [Client #9] to see if any medical assessment was required. [Staff #2]' nose led and he had a gash under his eye. Staff members discussed the incident with member[Client #9]. Member [Client #9] felt he could not make amends with [Staff #2]. [Facility Licensed Professional] called [Staff #2] in to talk</li> </ul>	V 132		

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V 132	<p>Continued From page 3</p> <p>with member [Client #9]. Member [Client #9] apologized to [Staff #2] for attacking him. 1/6/2022-[Facility Licensed Professional] discussed coping skills and staying calm strategies with member [Client #9] on 1/5/2022. [Facility Licensed professional] followed up with member [Client #9] to assess how he was feeling. Member [Client #9] was in a good mood. Member [Client #9] admitted he could have handled the situation differently."</p> <p>Interview 03/01/22 client #9 stated:</p> <ul style="list-style-type: none"> <li>- He had at the facility for a few months.</li> <li>- He recalled an incident on 01/05/22 when staff #2 hit him in the face.</li> <li>- He did not receive any injury.</li> <li>- He recently told his guardian about his allegation.</li> <li>- He never told anyone about the allegation until he spoke with his guardian.</li> </ul> <p>Interview on 03/01/22 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- Client #9's guardian called her on 02/24/22 to say client #9 made an allegation of abuse against staff #2.</li> <li>- The allegation of abuse was from a 01/05/22 incident.</li> <li>- The facility had previously investigated the incident.</li> <li>- No allegation of abuse was made until 02/24/22.</li> <li>- She understood all allegations of abuse should be reported to the HCPR and investigated.</li> </ul>	V 132		
V 185	<p>27G .1402 Day Tx - Staff</p> <p>10A NCAC 27G .1402 STAFF</p> <p>(a) Each facility shall have a program director who has a minimum of two years experience in</p>	V 185		

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V 185	<p>Continued From page 4</p> <p>child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field.</p> <p>(b) A minimum of two staff members shall be present with clients at all times except on occasions when only one client is in the program, in which case only one staff member is required to be present.</p> <p>(c) A minimum ratio of one staff member to every eight clients shall be maintained at all times.</p> <p>(d) Psychiatric consultation shall be available for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview the facility failed to ensure a minimum of two staff members were present with clients at all times except on occasions when only one client is in the program. The findings are:</p> <p>Review on 03/01/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 10 year old male.</li> <li>- Admission date of 03/22/18.</li> <li>- Diagnoses of Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD) Combined Presentation and Disruptive Mood Dysregulation Disorder.</li> </ul> <p>Review on 03/01/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 year old male.</li> <li>- Admission date of 03/24/21.</li> <li>- Diagnoses of Unspecified Paraphilic Disorder, Conduct Disorder-Childhood Onset, ADHD and Severe ODD.</li> </ul>	V 185		

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V 185	Continued From page 5  Observation on 03/01/22 at approximately 3:45pm thru 4:00pm revealed: - Client #1, client #2, client #3 and client #4 were at the facility with the Qualified Professional (QP). - The QP was the only staff present at the facility with client #1-#4.  Interview on 03/02/22 the Chief Executive Officer stated: - She was aware the facility was required to have at least 2 staff present with more than one client. - Former Staff #4 had provided the additional staffing in the past. - She was in the process of hiring an additional staff member for the facility.	V 185		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information;	V 367		

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V 367	<p>Continued From page 6</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 03/01/22 of client #9's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 year old male.</li> <li>- Admission date of 12/15/21.</li> <li>- Diagnoses of Post Traumatic Stress Disorder, Bipolar Disorder Unspecified, Oppositional</li> </ul>	V 367		

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V 367	<p>Continued From page 8</p> <p>Defiant Disorder, Hypertension and Obesity.</p> <p>Review on 03/02/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed no level III incident report of client #9's allegation of abuse made against staff #2 on 02/24/22.</p> <p>Review on 03/02/22 of a facility "Level I Incident Report" revealed:</p> <ul style="list-style-type: none"> <li>- Date of incident: 01/05/22.</li> <li>- Time of incident: 6:30pm.</li> <li>- Client name: Client #9.</li> <li>- Staff involved: Staff #2 and former staff (FS) #4.</li> <li>- "Description of Incident (Describe in as much detail as you can what happened before, during, and after incident.) Be sure to include who, where, when, and consumer's condition after incident. Identify other consumers in report using initials only. Member [#1] and member [Client #7] began to fight. [Staff #2] walked over to members to assess the situation. Member [Client #9] began to make remarks about the situation and walked over to member [Client #7] aggressively. [Staff #2] redirected member [Client #9] to stay out of the situation, allowing the adults to handle it. Member [Client #9] walked over to [Staff #2] swinging his arms. [Staff #2] tried to block the swings and slipped and fell to the ground. [FS #4] walked over to assist [Staff #2] by physically restraining member [Client #9] to protect him and others. Member [Client #9] began to calm down while restrained. once member [Client #9] was determined to remain calm, [Staff #2] and [FS #4] walked member [Client #9] into the building. Staff members assessed member [Client #9] to see if any medical assessment was required. [Staff #2]' nose led and he had a gash under his eye. Staff members discussed the incident with member[Client #9]. Member [Client #9] felt he</li> </ul>	V 367		

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V 367	<p>Continued From page 9</p> <p>could not make amends with [Staff #2]. [Facility Licensed Professional] called [Staff #2] in to talk with member [Client #9]. Member [Client #9] apologized to [Staff #2] for attacking him. 1/6/2022-[Facility Licensed Professional] discussed coping skills and staying calm strategies with member [Client #9] on 1/5/2022. [Facility Licensed professional] followed up with member [Client #9] to assess how he was feeling. Member [Client #9] was in a good mood. Member [Client #9] admitted he could have handled the situation differently."</p> <p>Interview 03/01/22 client #9 stated:</p> <ul style="list-style-type: none"> <li>- He had at the facility for a few months.</li> <li>- He recalled an incident on 01/05/22 when staff #2 hit him in the face.</li> <li>- He did not receive any injury.</li> <li>- He recently told his guardian about his allegation.</li> <li>- He never told anyone about the allegation until he spoke with his guardian.</li> </ul> <p>Interview on 03/01/22 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- Client #9's guardian called her on 02/24/22 to say client #9 made an allegation of abuse against staff #2.</li> <li>- The allegation of abuse was from a 01/05/22 incident.</li> <li>- The facility had previously investigated the incident.</li> <li>- No allegation of abuse was made until 02/24/22.</li> <li>- She understood all allegations of abuse must be submitted in IRIS with 72 hours.</li> </ul>	V 367		
V 521	27E .0104(e9) Client Rights - Sec. Rest. & ITO  10A NCAC 27E .0104 SECLUSION,	V 521		

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V 521	<p>Continued From page 10</p> <p><b>PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</b></p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:</p> <p>(A) notation of the client's physical and psychological well-being;</p> <p>(B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior;</p> <p>(C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used;</p> <p>(D) a description of the intervention and the date, time and duration of its use;</p> <p>(E) a description of accompanying positive methods of intervention;</p> <p>(F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions;</p> <p>(G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and</p> <p>(H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p>	V 521		

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V 521	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized for one of four audited clients (#9). The findings are:</p> <p>Review on 03/01/22 of client #9's record revealed:</p> <ul style="list-style-type: none"> <li>- 14 year old male.</li> <li>- Admission date of 12/15/21.</li> <li>- Diagnoses of Post Traumatic Stress Disorder, Bipolar Disorder Unspecified, Oppositional Defiant Disorder, Hypertension and Obesity.</li> </ul> <p>Review on 03/02/22 of a facility "Level I Incident Report" revealed:</p> <ul style="list-style-type: none"> <li>- Date of incident: 01/05/22.</li> <li>- Time of incident: 6:30pm.</li> <li>- Client name: Client #9.</li> <li>- Staff involved: Staff #2 and former staff (FS) #4.</li> <li>- "Description of Incident (Describe in as much detail as you can what happened before, during, and after incident.) Be sure to include who, where, when, and consumer's condition after incident. Identify other consumers in report using initials only. Member [#1] and member [Client #7] began to fight. [Staff #2] walked over to members to assess the situation. Member [Client #9] began to make remarks about the situation and walked over to member [Client #7] aggressively. [Staff #2] redirected member [Client #9] to stay out of the situation, allowing the adults to handle it. Member [Client #9] walked over to [Staff #2] swinging his arms. [Staff #2] tried to block the swings and slipped and fell to the ground. [FS #4] walked over to assist [Staff #2] by physically restraining member [Client #9] to protect him and others. Member [Client #9] began to calm down while</li> </ul>	V 521		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LUCILLE'S BEHAVIORAL, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>414-F KINGOLD BLVD SNOW HILL, NC 28580</b>
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V 521	<p>Continued From page 12</p> <p>restrained. once member [Client #9] was determined to remain calm, [Staff #2] and [FS #4] walked member [Client #9] into the building. Staff members assessed member [Client #9] to see if any medical assessment was required. [Staff #2]' nose led and he had a gash under his eye. Staff members discussed the incident with member[Client #9]. Member [Client #9]felt he could not make amends with [Staff #2]. [Facility Licensed Professional] called [Staff #2] in to talk with member [Client #9]. Member [Client #9] apologized to [Staff #2] for attacking him. 1/6/2022-[Facility Licensed Professional] discussed coping skills and staying calm strategies with member [Client #9] on 1/5/2022. [Facility Licensed professional] followed up with member [Client #9] to assess how he was feeling. Member [Client #9] was in a good mood. Member [Client #9] admitted he could have handled the situation differently."</p> <ul style="list-style-type: none"> <li>- Client #9's guardian was notified about the incident.</li> <li>- Client #9 and staff #2 were debriefed regarding the incident.</li> <li>- No documentation to include the type of the type of restraint and the date, time and duration of its use.</li> </ul> <p>Interview on 03/01/22 client #9 stated:</p> <ul style="list-style-type: none"> <li>- He recalled the incident with staff #9 on 01/05/22.</li> <li>- He had hit staff #9.</li> <li>- He was restrained on the ground.</li> <li>- He did not get any injury during the incident.</li> </ul> <p>Interview on 03/01/22 staff #2 stated:</p> <ul style="list-style-type: none"> <li>- He had worked at the facility for 4 or 5 years.</li> <li>- He recalled the incident on 01/05/22 with client #9.</li> <li>- Client #9 had gotten upset at another client.</li> </ul>	V 521		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2022</b>
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V 521	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>- He attempted to intervene and client #9 attacked him.</li> <li>- He slipped and fell and received injuries.</li> <li>- Client #9 was placed in a therapeutic wrap for approximately 3 minutes.</li> </ul> <p>Interview on 03/02/22 FS #4 stated:</p> <ul style="list-style-type: none"> <li>- He recalled the incident on 01/05/22.</li> <li>- Client #9 had attacked staff #2.</li> <li>- Staff #2 fell and client #9 jumped on staff #2.</li> <li>- Client #9 had to be "briefly restrained."</li> </ul> <p>Interview on 03/02/22 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- She understood all restrictive interventions needed to be documented.</li> <li>- The documentation of restraints should include the type of the type of restraint and the date, time and duration of its use.</li> <li>- She would ensure all restraints were documented properly as required.</li> </ul>	V 521		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</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> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/02/2022</b>
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V 752	<p>Continued From page 14</p> <p>100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 03/01/22 at approximately 3:15pm revealed:</p> <ul style="list-style-type: none"> <li>- The hot water temperature in the 2 client bathrooms was 90 degrees Fahrenheit.</li> </ul> <p>Interview on 03/01/22 and 03/02/22 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- She understood the hot water temperature at the facility should between 100 and 116 degrees Fahrenheit.</li> <li>- She would follow up to ensure the proper range of water temperature was maintained.</li> </ul>	V 752		