Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:				
					R			
		MHL100-024	B. WING		04/19/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE				
HAWTHORNE HOUSE 281 WHEELER HILLS ROAD BURNSVILLE, NC 28714								
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE			
V 000	INITIAL COMMENTS		V 000					
	completed on April 19 unsubstantiated (Intal Deficiencies were cite This facility is licensed category: 10A NCAC	,						
	This facility is licensed	d for 6 and currently has a ey sample consisted of						
V 114	27G .0207 Emergenc	y Plans and Supplies	V 114					
	AND SUPPLIES (a) A written fire plant area-wide disaster plath shall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster contains the held at least of repeated for each shift under conditions that	an shall be developed and the appropriate local made available to all staff dures and routes shall be						
		ews and interviews, the ct fire and disaster drills						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			COMPLETED	
				_	R	
MHL100-024		B. WING		04/19/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
			ELER HILLS RO			
HAWTHOR	RNE HOUSE	BURNSV	ILLE, NC 28714			
(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 APPROPE DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
V 114	Continued From page 1		V 114			
	Continued From page 1 Review on 4-13-22, 4-14-22, and 4-19-22 of fire and disaster drills from April 2021 to March 2022 revealed: -There were no documented fire and disaster drills for first shift in the second quarter (April 2021 - June 2021). -There were no documented fire and disaster drills for first and third shift during the third quarter (July 2021 - September). -There were no documented fire and disaster drills for the second and third shift during the fourth quarter (October 2021 - December 2021). Interview on 4-13-22 with Clients #2, #3 revealed: -Fire and disaster drills took place at the facility. Interview on 4-13-22, 4-14-22, and 4-19-22 with the Qualified Professional (QP) revealed: -Paper copies of the drills were kept in facility and office, as well as scanned into the computer. -QP felt certain that the drills had been completed but the staff who scans and files the drills was out of the office. -QP was unable to find the scanned copies of fire and disaster drills on the computer.					
V 752	27G .0304(b)(4) Hot \	Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each facil constructed and equipmensures the physical visitors. (4) In areas of texposed to hot water,	ity shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
						R			
		MHL100-024	B. WING		04	/19/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE					
HAWTHORNE HOUSE 281 WHEELER HILLS ROAD BURNSVILLE, NC 28714									
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE			
V 752	Continued From page 2		V 752						
	failed to maintain the	as evidenced by: us and interviews, the facility hot water temperature to afety of clients. The findings							
	-Client #1's bathroom 120 degrees. -Client #2's bathroom 118 degrees.	22 at 9:45 am revealed: water temperature read at water temperature read at water temperature read at							
	houseThe same hot water #3, #4, and the kitche -Water temperature hand disaster drills, but the kitchen.	I (QP) revealed: vater heaters that serve the heater served bedrooms #2,							

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