To: NC Dept of Health + Homen Services Coivision of Health Service Coursion of Health Service Couldtism

Att: Emily Jones
(Facility Compliance
Consultant)

For Bornes Gray Have Carrie Sudley Division of Health Service Regulation

PRINTED: 04/28/2022 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		MHL054-176	B. WING		04/18/2022
	ROVIDER OR SUPPLIER GROUP HOMES LLC	2201 Rii	OORESS, CITY, S' LEY ROAD N, NC 28504	TATE, ZIP CODE	,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		N SHOULD BE COMPLETE EAPPROPRIATE DATE
V 000	INITIAL COMMENTS An annual survey was completed on April 18,		V 000		
	2022. A deficiency w This facility is licensed category: 10A NCAC Living for Adults with This facility is licensed	as cited. d for the following service 27G .5600C Supervised Developmental Disabilities. d for 6 and currently has a ey sample consisted of		Staff will continue	to monitor and 5/30/5
V 752	EQUIPMENT (b) Safety: Each faciliconstructed and equipmensures the physical systems. (4) In areas of texposed to hot water,	FACILITY DESIGN AND By shall be designed,	V 752	document water temper utilizing the Water The Water The Log. Staff will be in mediately notify Director and/or Qf temperature exceet Fahrenteit. Resident and/or Qf will not	Temperature required to the Residential anythre the ids 116 degrees tial Director
	water temperatures water temperatures water 100-116 degrees Fahi	and interview, the facility are not maintained between enheit in areas where to hot water. The findings		Maintenance depose and activat the hi Staff will receive to appropriately checking the water temperate	theout to clock of water heater, which on ng and monitoring the as well
ivision of Heal	-The hot water temper was 123 degrees Fahr Interview on 4/22/22 the stated:	ne Qualified Professional		contacting the l Director and/o the water me	regarding lesidential
ATE FORM	ANNU X	JPPLIER REPRESENTATIVE'S SIGNATURI		Director 19KV11	05/09/26

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Division of Health Service Regulation FORM APPROV										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		MHL054-176	B. WING							
NAME OF PROVIDER OR SUPPLIER STREET A			ADDRESS, CITY, STATE, ZIP CODE		I 04/18/2022					
BARNES GROUP HOMES LLC 2281 RILEY ROAD										
(X4)10	KINSTON, NC 28504									
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RE COMPLETE					
V 75	page	o ensure the proper range	V 752	To prevent the situation reoccurring the leside Directors and for appreciate in the water temperature in to ensure that the hosten are continued by the water temperature in the water temperature does not the water temperature does not the degrees weekly. Residential Director as will review the dail temperature log on a basis to ensure the is checking I recording to the is checking I recording to the water temperature of water temperature of water temperature of water temperature of water temperature	ay 30 2020, from which he king seeking the water of the opposite of the staff ing the on the or the					

19KV11