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		
		MHL092-805	B. WING		06/2	3/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2817 TOBERMORY LANE RALEIGH, NC 27606							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS			V 000				
	on 6/23/22. Deficier This facility is licens	w up survey was completed ncies were cited. sed for the following service C 27G .5600C Supervised					
	Living for Adults wit The facility is licens	h Developmental Disabilities. ed for 3 and currently has a urvey sample consisted of					
V 752	,	ot Water Temperatures 04 FACILITY DESIGN AND	V 752				
	(b) Safety: Each fa constructed and eq ensures the physica visitors.(4) In areas constructed and eq exposed to hot water	cility shall be designed, uipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116 is.					
	failed to ensure the	et as evidenced by: on and interview the facility water temperature was n 100-116 degrees Fahrenheit.					
	water temperature in Fahrenheit. The was bathroom was 90 didegrees in the show	2/2 at 10:45 AM revealed in the kitchen was 85 degrees ter temperature in client #1's egrees in the sink and 85 ver. The hallway bathroom was 85 degrees in the sink he shower.					

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

(X6) DATE TITLE

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		MHL092-805	B. WING		06/2	23/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LIVING V	VITH AUTISM, INC		ERMORY LA	ANE		
0(4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	, NC 27606	DDOV/DEDIS DI AN OF CORDECT	ION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 752	Continued From pa	ge 1	V 752			
	-This had been water temperatures -When the dish were on the temper range -The plumber w guards	washer and washing machine ature would be in the correct vas out and installed the scald institutes a re-cited deficiency				
V 753	EQUIPMENT (b) Safety: Each faconstructed and equensures the physical visitors. (5) All indoor routine access shall be adequate to perfengage in normal a	loor Lighting 04 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and areas to which clients have I be well-lighted. Lighting shall mit occupants to comfortably nd appropriate daily activities iting, working, sewing and	V 753			
	failed to ensure all i The findings are: Observation on 6/23 home revealed: -Upstairs living	on and interview, the facility ndoor areas were well-lighted. 3/22 at 11:00 AM of the group				

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STATE FORM 6899 KXLG11 If continuation sheet 2 of 3

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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		
		MHL092-805	B. WING		06/	23/2022		
	NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM, INC STREET ADDRESS, CITY, STATE, ZIP CODE 2817 TOBERMORY LANE RALEIGH, NC 27606							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
V 753	not working, area w Interview on 6/23/22 -The lights "dor -"Those are the (LED) light bulbs." Interview on 6/23/22 -The lighting up	ge 2 as dim unable to see well 2, the staff reported: a't put out a lot of light." e new light-emitting diode 2, the Director reported: stairs had been dimmed the LED lights and "it's not	V 753					

Division of Health Service Regulation STATE FORM