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							
MHL078-325		B. WING			R-C <b>06/23/2022</b>							
NAME OF I			DDDECC CITY (	STATE ZID CODE	1 00/2	LUILULL						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  703 WEST 3RD AVENUE, BUILDING A												
RENEWING GRACE RESIDENTIAL HOME RED SPRINGS, NC 28377												
(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 ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	(X5) COMPLETE DATE							
V 000	00 INITIAL COMMENTS											
	on June 23, 2022. Tunsubstantiated (in #NC00189678). A control of the facility is license.	low up survey was completed The complaints were take #NC00189686 and deficiency was cited. sed for the following service C 27G .1800 Intensive ent for Children and										
		sed for 12 and currently has a urvey sample consisted of an ent.										
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752									
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed 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 stained between 100-116 t.										
	water temperatures 100-116 degrees Fa	et as evidenced by: on and interview, the facility were not maintained betwee ahrenheit in areas where ed to hot water. The findings	n									
	12:00pm revealed: -The hot water tem	2/22 at approximately perature in bathroom #2 was rees Fahrenheit at the showe										

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED		
MHL078-325			B. WING			R-C <b>06/23/2022</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
RENEW	ING GRACE RESIDEN	IIAI HOME	T 3RD AVENI INGS, NC 28	UE, BUILDING A 8377			
(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 752	headThe hot water temperecorded at 76 degrees bathroom sink  Interview on 6/23/22 stated: -As of 6/23/22, a plus facility maintenance concerns with watershe would follow up of water temperature.	perature in bathroom #1 was rees Fahrenheit at the  2 the Residential Director  umber was working with e personal on correcting r temperature regulation. In the proper range re was maintained.	V 752				

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