		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOWBER.	A. BUILDING:				
		MHL032-415	B. WING			R 12/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
<b>MICHAEI</b>	L'S PLACE		SCADILLA STI M, NC 27703	REET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLI THE APPROPRIATE DATE		
V 000	INITIAL COMMENTS		V 000				
	An annual and follow-up survey was completed on October 12, 2022. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
	This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.						
V 752	27G .0304(b)(4) Hot Water Temperatures		V 752				
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas c exposed to hot wate	04 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116					
	failed to maintain th	et as evidenced by: on and interview the facility ne facility water temperature egrees Fahrenheit. The					
	approximately 2:01 -The kitchen sink w degrees Fahrenheit	rater temperature was 122 t. s water temperature was 122					
	Interview on 10/12/2	22 with the Director on					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION			A. BUILDING:		R	
		MHL032-415	B. WING			R 12/2022
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
<b>/IICHAE</b>	L'S PLACE		SCADILLA STF M, NC 27703	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 752	revealed: -She did not realize 122 degrees. -Facility had recent heater. -She was not aware temperature neede degrees Fahrenheit -Clients were capat temperature in the -She would have th adjusted to be betw Fahrenheit. -She confirmed the	e the water temperature was ly obtained a new water e that the hot water d to be between 100-116	V 752			

ZHCI11