Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			DATE SURVEY COMPLETED		
			A. BUILDING:					
		MHL091-112	B. WING			२ 06/2022		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ANN'S L	AKE HOUSE		E LODGE EX SON, NC 27!					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENT	ΓS	V 000					
	An annual and follo on 12/6/22. A defic	w up survey was completed iency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.							
	currently has a cen	sed for three clients and sus of one. The survey of an audit of one current client.						
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	source of the facility where clients are er, the temperature of the stained between 100-116 t.						
	interview, the facility	ion, record review and y failed to ensure hot water maintained between 100 - 116						
	-Date of Admission -Diagnoses of Schi	2 of client #1's record revealed: 6/2/22 zophrenia, Post Traumatic rSD) and Cocaine/Cannabis						
	Review on 11/22/22 Temperature Sheet	of the facility's "Water " revealed:						

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

(X6) DATE TITLE

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Division of Health Service Regulation			(VO) MIII TIDI	E CONCERNATION	(VO) DATE	OLIDVEY.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
JULIAN OF CONTROL OF THE PROPERTY OF THE PROPE			A. BUILDING:			
MUI 004 442		B. WING		F 42/0		
		MHL091-112	B. 111110		12/0	6/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ANN'S L	AKE HOUSE		E LODGE EX			
		HENDERS	ON, NC 27	537		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 752	Continued From pa	ge 1	V 752			
	-From September 4, 2022-November 20, 2022 for the weekly checks, the water temperatures ranged from 111-114 degrees Fahrenheit in the kitchen and bathrooms.					
	the following, -The kitchen sink w degrees Fahrenhei -Client #1's bathroo temperature was 13 -Vacant client's bath	22/22 at 12:40 PM revealed ater temperature was 135 it. m sink and shower water 88 degrees Fahrenheit. nroom sink and shower water 86 degrees Fahrenheit.				
	-There had not bee about two weeks du hospital. -Checked the water was 131 degrees F -Emailed maintenar know to adjust it pri -Staff were to check several times a wee -Not sure what the	22 Staff #1 stated: home two days a week. n any clients in the home for ue to client #1 being in the temperature last night and it fahrenheit in the kitchen sink. nce this morning to let them or to surveyor's arrival. or the water temperatures ek and document on a log. water temperature had been ious house manager had been				
	Nurse stated: -Staff were to check weekly and log itHad not been told highThey have a maint the water temperate	22 the Licensed Practical 4 the water temperature 4 the water temperature was 5 enance person who would fix 6 ure if they had known about it. 6 oted to interview client #1, but 6 nterviewed.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
			71. BOILBING.			R
	MHL091-112		B. WING			06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ANN'S LAKE HOUSE 51 S LAKE HENDERS				(T (SOUTH) 537		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 752	Continued From pa	ge 2	V 752			
	Officer/Chief Opera-They did have issue temperature runnin landlord know and -Will have maintena water temperature. The water temperature. The water temperature. The water tempera weekly and no one running high. Staff should have weekly and letting have been sure the safety of Staff immediately nand adjust the tempat the facility in the Describe your plan happens Manager will add temporatoring grid. Means we want to the safety of Staff immediately nand adjust the tempat the facility in the monitoring grid.	les a while back with the water g high and they had let the it was repaired. It was repaired. It was repaired. It was repaired. It was to be checked had mentioned it had been been logging the temperatures her know if it was high. It of the Plan of Protection heleted by the Chief Financial sting Officer revealed: It was not provided in the consumers in your care? It of the consumers in your care? It of the consumers in your care? It is one was a standard to come be consumers.				
	and Cocaine and Cosink and shower widegrees Fahrenheisink and shower termine Fahrenheit along with Fahrenheit. This could have along the company of the comp	es of Schizophrenia, PTSD annabis use had a bathroom th a water temperature of 138 t. The vacant client bathroom mperature was 136 degrees ith kitchen of 135 degrees leficiency constitutes a Type substantial risk of serious corrected within 23 days. No alty has been assessed. If the ected within 23 days, an				

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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	
		MHL091-112			F 12/0		
NAME OF	MHL091-112 B. WING 12/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ANN'S L	ANN'S LAKE HOUSE 51 S LAKE LODGE EXT (SOUTH) HENDERSON, NC 27537						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 752	additional administr	rative penalty of \$500.00 per	V 752				

6899

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