PRINTED: 12/21/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
		MHL071-039	B. WING		12/2	R 1/2022						
NAME OF 1				NTATE TIP 00DE	12/2	1/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2240 SLOOP POINT ROAD												
KEELEAN HOME HAMPSTEAD, NC 28443												
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE						
TAG	NEODE TOTAL	SO IDEIVIII TIIVO IIVI OI WIIVII OIVI	TAG	DEFICIENCY)	110012							
V 000	INITIAL COMMENTS		V 000									
	An annual survey was completed on December 21, 2022. A deficiency was cited.											
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.											
		ed for 2 and currently has a The survey sample consisted at clients.										
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752									
	EQUIPMENT (b) Safety: Each factors and equensures the physical visitors. (4) In areas of exposed to hot water	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 the temperature of the tained between 100-116										
	This Rule is not me Based on observati water temperatures 100-116 degrees Fa											
	1:30pm revealed: -The hot water temp 129 degrees Fahrer -The hot water temp	20/22 at approximately perature in the kitchen was heit. Derature in the client bathroom 129 degrees Fahrenheit.										

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED						
ı					F	₹						
		MHL071-039	B. WING	/ING		12/21/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
KEELEAN HOME 2240 SLOOP POINT ROAD HAMPSTEAD, NC 28443												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION				(X5) COMPLETE DATE						
V 752	Interview on 12/21/ -The hot water hear following the 12/20/		V 752									

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