

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/06/2022
NAME OF PROVIDER OR SUPPLIER ANN'S LAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 51 S LAKE LODGE EXT (SOUTH) HENDERSON, NC 27537		
(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 000	INITIAL COMMENTS An annual and follow up survey was completed on 12/6/22. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for three clients and currently has a census of one. The survey sample consisted of an audit of one current client.	V 000		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure hot water temperatures were maintained between 100 - 116 degrees Fahrenheit. The findings are: Review on 11/22/22 of client #1's record revealed: -Date of Admission 6/2/22 -Diagnoses of Schizophrenia, Post Traumatic Stress Disorder (PTSD) and Cocaine/Cannabis Use Review on 11/22/22 of the facility's "Water Temperature Sheet" revealed:	V 752	The facility will ensure the hot water temperatures will be maintained between 100-116 degrees Fahrenheit. The company will ensure to keep accurate documentation of the water weekly and email results to office. DHSR - Mental Health DEC 29 2022 Lic. & Cert. Section	12/17/2022 12/17/22

Division of Health Service Regulation

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

TITLE

(X6) DATE

STAT

12/14/2022

6899

4IKW11

If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/06/2022
NAME OF PROVIDER OR SUPPLIER ANN'S LAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 51 S LAKE LODGE EXT (SOUTH) HENDERSON, NC 27537			
(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	<p>Continued From page 1</p> <p>-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.</p> <p>Observation on 11/22/22 at 12:40 PM revealed the following.</p> <p>-The kitchen sink water temperature was 135 degrees Fahrenheit.</p> <p>-Client #1's bathroom sink and shower water temperature was 138 degrees Fahrenheit.</p> <p>-Vacant client's bathroom sink and shower water temperature was 136 degrees Fahrenheit.</p> <p>Interview on 11/22/22 Staff #1 stated:</p> <p>-She worked in the home two days a week.</p> <p>-There had not been any clients in the home for about two weeks due to client #1 being in the hospital.</p> <p>-Checked the water temperature last night and it was 131 degrees Fahrenheit in the kitchen sink.</p> <p>-Emailed maintenance this morning to let them know to adjust it prior to surveyor's arrival.</p> <p>-Staff were to check the water temperatures several times a week and document on a log.</p> <p>-Not sure what the water temperature had been running as the previous house manager had been checking it.</p> <p>Interview on 11/22/22 the Licensed Practical Nurse stated:</p> <p>-Staff were to check the water temperature weekly and log it.</p> <p>-Had not been told the water temperature was high.</p> <p>-They have a maintenance person who would fix the water temperature if they had known about it.</p> <p>On 11/22/22 attempted to interview client #1, but she refused to be interviewed.</p>	V 752			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/06/2022
NAME OF PROVIDER OR SUPPLIER ANN'S LAKE HOUSE		STREET ADDRESS, CITY, STATE ZIP CODE 51 S LAKE LODGE EXT (SOUTH) HENDERSON, NC 27537			
(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	<p>Continued From page 2</p> <p>Interview on 11/22/22 the Chief Financial Officer/Chief Operating Officer stated:</p> <ul style="list-style-type: none"> -They did have issues a while back with the water temperature running high and they had let the landlord know and it was repaired. -Will have maintenance come out to adjust the water temperature. -The water temperature was to be checked weekly and no one had mentioned it had been running high. -Staff should have been logging the temperatures weekly and letting her know if it was high. <p>Review on 11/22/22 of the Plan of Protection dated 11/22/22 completed by the Chief Financial Officer/Chief Operating Officer revealed:</p> <ul style="list-style-type: none"> -"What immediate action will the facility take to ensure the safety of the consumers in your care? Staff immediately notified maintenance to come and adjust the temperature. Maintenance will be at the facility in the morning to repair. -Describe your plans to make sure the above happens Manager will add temperature checks to monitoring grid. Monitoring grid is designed to manage areas in the facility that pose problems or concerns." <p>Client with diagnoses of Schizophrenia, PTSD and Cocaine and Cannabis use had a bathroom sink and shower with a water temperature of 138 degrees Fahrenheit. The vacant client bathroom sink and shower temperature was 136 degrees Fahrenheit along with kitchen of 135 degrees Fahrenheit. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. No administrative penalty has been assessed. If the violation is not corrected within 23 days, an</p>	V 752			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/06/2022
NAME OF PROVIDER OR SUPPLIER ANN'S LAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 51 S LAKE LODGE EXT (SOUTH) HENDERSON, NC 27537			
(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	Continued From page 3 additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 752			