Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		MHL001-270	B. WING		02/2	22/2023			
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2502 BRIARWOOD DRIVE BURLINGTON, NC 27215									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5 COMPI COM				
V 000	V 000 INITIAL COMMENTS		V 000						
	22, 2023. A deficier  This facility is licens category: 10A NCA Living Alternative Faresidence.  This facility is licens	vas completed on February ncy was cited. sed for the following service C 27G .5600F Supervised amily Living in a Private sed for 3 and currently has a survey sample consisted of							
	audits of 1 current of	•							
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	ot Water Temperatures  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	V 752						
	failed to maintain the 100-116 degrees Fail 10:35 am and 10:40. The kitchen sink with degrees Fahrenheit Bathroom #1's sink degrees Fahrenheit	on and interview the facility le water temperature between ahrenheit. The findings are: facility on 2/22/23 between 0 am revealed: later temperature was 120 i. k water temperature was 120							

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 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		MHL001-270	B. WING		02/2	22/2023					
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2502 BRIARWOOD DRIVE BURLINGTON, NC 27215											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETE DATE					
V 752	-He was unaware the He notified administ temperatureHe would try to low water heaterClient was able to temperature.	nat the hot water was too high. Stration about the water wer the temperature from the regulate his own water that water temperature was	V 752								

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