Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
			D WING		F						
MHL065-130			B. WING		03/15/2023						
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE							
EL OGDEN 129 EL OGDEN DRIVE WILMINGTON, NC 28405											
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTION SHOULD BE COMPLÉTE DATE DATE						
V 000	00 INITIAL COMMENTS		V 000								
	on March 15, 2023.	low up survey was completed The complaint was take #NC00199018). A									
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.									
		ed for 3 and currently has a irvey sample consisted of an ient.									
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752								
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	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 in									
	water temperatures 100-116 degrees Fa	et as evidenced by: on and interview, the facility were not maintained between ahrenheit in areas where ed to hot water. The findings									
	11:30am revealed: -The hot water tem 121 degrees Fahre	4/23 at approximately perature in bathroom #1 was nheit at the sink.									

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						
					F						
	MHL065-130		B. WING		03/15/2023						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 139 EL OCDEN DRIVE											
EL OGDEN 129 EL OGDEN DRIVE WILMINGTON, NC 28405											
(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 1		V 752								
	was 121 degrees Fahrenheit.										
	Interview on 11/30/22 the Qualified Professional stated: -She would follow up to ensure the proper range of water temperature was maintained.										
	This deficiency con and must be correct	stitutes a re-cited deficiency sted within 30 days.									

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Division of Health Service Regulation STATE FORM