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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
AND FLAN OF CORRECTION		152.11.11.10.11.10.11.10.11.52.11.	A. BUILDING: _							
		MHL0601433	B. WING		03/20/2023					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
ROXIE'S HOME OF LOVE CHARLOTTE NC 29245										
CHARLOTTE, NC 28215  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)										
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE				
V 000	INITIAL COMMENTS		V 000							
	An annual survey was completed on 3-20-23. Deficiencies were cited.									
	This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living									
	•	d for two and currently has a urvey sample consisted of client.								
V 752	V 752 27G .0304(b)(4) Hot Water Temperatures		V 752							
	EQUIPMENT (b) Safety: Each facilic constructed and equipensures the physical visitors. (4) In areas of exposed to hot water.	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116								
	failed to maintain the degrees and 116 deg	as evidenced by: n and interviews the facility hot water between 100 rees in areas where client ater. The findings are:								
	revealed: -Upstairs bathroo	23 at approximately 5:00 pm om sink was 129 degrees. om tub was 125 degrees.								
	revealed:	23 at approximately 5:30 pm om sink was 118 degrees.								

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

TITLE (X6) DATE

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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						
MHL0601433			B. WING		03.	03/20/2023						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  1116 NEW DAY COURT												
ROXIE'S HOME OF LOVE CHARLOTTE, NC 28215												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE						
V 752	-Upstairs bathrood Interview on 3-15-23 of the had never be the Helphone He	with Client #1 revealed: een burned by the hot water. ater and soap when he  with the Alternative Family led: th water for Client #1. vater temperatures regularly, irs sink. e sure the hot water was	V 752									

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STATE FORM 6899 XWWY11 If continuation sheet 2 of 2