STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '			(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:			LETED		
		MHL0601542	B. WING		03/2	1/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PERFEC	T PEACE		DSEBERRY F				
			TTE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
	on 3-21-23. The co	plaint survey was completed mplaint was substaniated eficiencies were cited.					
		sed for the following service C 27G 5600F Supervised e Family Living.					
		sed for two and currently has a survey sample consisted of at clients.					
V 752	27G .0304(b)(4) Ho	ot 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 stained between 100-116 t.					
	failed to maintain he	on and interviews the facility ot water between 100 and 116 t in areas where clients have					
	10:20am of water to -Water from the degrees Fahrenheit -Water from the 140 degrees Fahre	e upstairs bathroom sink was					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601542	B. WING		03/2	1/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PERFEC	T PEACE		SEBERRY F ITE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 752	Continued From page 1		V 752			
	139 degrees Fahre	nheit.				
	am of water temper -Water from the degrees Fahrenheit -Water from the 127 degrees Fahre -Water from the 123 degrees Fahre Interview on 3-17-2 -He adjusted hi -He had never in problem with the water Interview on 3-17-2 -Client #2 had I he liked living in the	e kitchen sink was 118 t. e upstairs bathroom sink was nheit. e upstairs bathroom tub was nheit. 3 with Client #1 revealed: s own water temperature. been burned or had any ater being hot. 3 with Client #2 revealed: imited verbal ability, but said e facility.				
	Living (AFL) Provid -The hot water liked a really hot sh -No one had be	might be too hot because he ower. een burned by the hot water.				
	the hot water for hir -He turned the approximately 10:3	hot water heater down at 0 am 3-17-23. he hot water adjusted to its				
	-They talked to about the important temperature. -They had also water temperature	3 with the Director revealed: the AFL Provider on 3-17-23 ce of having the correct water given the AFL provider a log on 3-17-23 that the				

week.

Division of Health Service Regulation

STATE FORM 6899 N66711 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601542	B. WING		03/	21/2023
NAME OF	PROVIDER OR SUPPLIER		DORESS, CITY, S			
PERFEC	T PEACE		TTE, NC 2820			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 752	Continued From pa	ge 2	V 752			
	Review on 3-21-23 of the Plan of Protection dated 3-21-23 and signed by the Director revealed:  "What immediate action will the facility take to ensure the safety of the consumers in your care?  -Water temp (temperature) log is in its immediately with morning and night readings 3-20-23.  -Q (Qualified Professional) will monitor weekly with Q note.  -Monthly logs will go in place for 6 months.  -Retrained staff water temp (temperature) limits and importance of keeping it between the limits.					
	Describe your plan happens. -Water logs will -Q will note tem -Q will monitor	to make sure the above  be handed in weekly.  p when he is at the home.  monthly logs.  buch with Supervisor weekly."				
	The facility had hot degrees Fahrenheit 139 degrees Fahrentub, and 122 degrees sink. Client #1 could Client #2 was given provider. No client hwater but the high to clients at substantial deficiency constitute substantial risk of scorrected with in 23 penalty of \$500.00 violation is not correadditional administres.	water readings of 140 t in the upstairs bathroom sink, nheit in the upstairs bathroom es Fahrenheit in the kitchen d adjust the water himself and a shower by the AFL had been injured by the hot emperatures placed the al risk for burns. This es a Type A2 rule violation for erious harm and must be days. An administrative dollars is imposed. If the ected within 23 days, an rative penalty of \$500.00 be imposed for each day the				

Division of Health Service Regulation

STATE FORM 6899 N66711 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0601542	B. WING		03/2	21/2023	
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2319 GOOSEBERRY ROAD  CHARLOTTE, NC 28203						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 752	·	ge 3 hpliance beyond the 23rd day,	V 752				

6899

Division of Health Service Regulation STATE FORM