PRINTED: 06/17/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411020	B. WING		06/16/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
DOGWOO	DD CIRCLE		WOOD CIRCLE INT, NC 27265			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	2023. A deficiency wa This facility is licensed category: 10A NCAC	s completed on June 16, us cited.  d for the following service 27G .5600C Supervised Developmental Disabilities.				
	•	d for 5 and currently has a ey sample consisted of ents.				
V 752	EQUIPMENT (b) Safety: Each facil constructed and equipmensures the physical visitors. (4) In areas of texposed to hot water,	FACILITY DESIGN AND	V 752			
	failed to maintain the	s and interviews, the facility				
	#2's sink water temperature -The sink temperature Further observation o	e read 120 degrees n 6/16/23 at 1:35pm of ater temperature revealed:				

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

TITLE (X6) DATE 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	
		MHL0411020	B. WING		06/16/2023	
					1 00/1	0/2025
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
DOGWOO	D CIRCLE		WOOD CIRCLE INT, NC 27265			
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	,	PROVIDER'S PLAN OF CORRECTIO	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 752	Continued From page 1		V 752			
	Observation and interview on 6/16/23 at 2:33pm with the facility's maintenance man revealed: -Arrived to test the sink's water temperature -There was a board drilled over the tempering valve (mixed the hot and cold water to create water at the perfect temperature to distribute to sinks and showers)The maintenance man had to remove the access board to get to the water valve -Was unable to adjust the hot water in bathroom #2's sink -Turned off the hot water -"The sink needs a tempering valve." -The facility would have to get a plumber to come out to put the tempering valve on the sink.  Interview on 6/16/23 with clients #1, #2 and #3, revealed: -No issues with the temperature of the sink in bathroom #2					
	with the House Mana -Water temperatures -"Typically, we test th we do the fire drills." -There had not been temperature -"The clients are able temperatures." -Was not aware the w bathroom #2's sink w 116-degrees Fahrenh -"If there is an issue w call the maintenance them to come out and temperature)"	were checked once a month e water temperatures when any issues with the water to self-adjust the water vater temperature in as not between 100- and leit. with the temperatures, we man and put a ticket in for d adjust it (hot water				

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degrees

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE	(X3) DATE SURVEY COMPLETED	
		MHL0411020	B. WING		06	/16/2023	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE			
DOGWOO	D CIRCLE		GWOOD CIRCLE DINT, NC 27265				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 752	. 3	nator] contacted a plumber	V 752				

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