PRINTED: 03/23/2023 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL0601433 B. WING 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 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 est teem of Hugge no al An annual survey was completed on 3-20-23. Meds & sefety requirements
of the individuals served; Consul Deficiencies were cited. This facility is licensed for the following service of Charlotte, Inc. will ensure to category: 10A NCAC 27G 5600F Supervised maintain the water temperature Living for Alternative Family Living in the home by thecking the This facility is licensed for two and currently has a sink the fub in the best wooms & census of one. The survey sample consisted of sink in Kitchen, audits of one current client. V 752 27G .0304(b)(4) Hot Water Temperatures Ms evidenced by lacking 2 lay V 752 s of samps refused redem ext to 10A NCAC 27G .0304 FACILITY DESIGN AND **EQUIPMENT** photos mouthly. (b) Safety: Each facility shall be designed, constructed and equipped in a manner that Provided is 2 copy of the ensures the physical safety of clients, staff and bester temperature from the visitors. In areas of the facility where clients are AFL home 24 1116 New Day Court exposed to hot water, the temperature of the Charlotte, NC 28215, for the months water shall be maintained between 100-116 degrees Fahrenheit. of April + M 2 2023. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to maintain the hot water between 100 April 2023 degrees and 116 degrees in areas where client have access to hot water. The findings are: powers paperson sink: 1110 Observation on 3-15-23 at approximately 5:00 pm revealed: -Upstairs bathroom sink was 129 degrees. -Upstairs bathroom tub was 125 degrees. Kitchen sink: 1150

-Upstairs bathroom sink was 118 degrees. Division of Health Service Regulation

revealed:

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

Observation on 3-15-23 at approximately 5:30 pm

TITLE

(X6) DATE

STATE FORM

DHSR - Mental Health If continuation sheet 1 of 2

Downstzire bathroom sink: 1100

If continuation sheet 2 of 2

| | of Health Service Reg | | | | | M APPI |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE | SURVEY |
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| KOXIE'S F | HOME OF LOVE | | OTTE, NC 2821 | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | | | | |
| PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE | | COM |
| IAG | | | TAG | CROSS-REFERENCED TO THE APP | ROPRIATE | D |
| V 752 | Continued France | | | DEFICIENCY) | | |
| V 752 | Continued From page | | V 752 | | | |
| | -Upstairs bathroo | om tub was 115 degrees. | | | | |
| | | | | νΛ- | | |
| E | Interview on 3-15-23 with Client #1 revealed: | | | W325053. | | |
| | -He had never been burned by the hot water. -He used cold water and soap when he | | | | | |
| | washed his hands. | | | Upstzius bathroom. | | -0 |
| | | | | | | |
| | Interview on 3-15-23 with the Alternative Family | | | Upstzire bethroom | tub: 111 | , |
| | Living Provider reveal | ed: | | A Parison | , /// | , |
| | -She doos take | h water for Client #1. | | Kitchen sink: 114 Downstairs bathro | 9 0 | |
| | -She does take was but uses the downstail | ater temperatures regularly, | | | | |
| | | rs sink. sure the hot water was | | Namustsine Pstyna | om sink! | 1100 |
| | correct in all areas of t | he house. | | | | (10 |
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XWWY11

| Facility: Korie I forme of lowe Date of Drill: Aparl 1 2023 Type of Drill circle one: Marine Drill Q*-Power Outage Q*-Tornado Warning Q*-Severe Weather Time Alarm Begin: 7:05 Am Time 911 was called: Y Time Evacuation Completed: 8:09 An Comments: The Client Was out in A timely mounter We Keahoviers Pr 155 Les accuerced | Smoke Detector Tested(V)N water Temperature: 0.5. R.R. Carbon Dioxide Detector Tested: 5.0 110 115 110 110 110 110 110 110 110 11 | Facility: Roue's Han of Lore Type of Drill: Mry 1, 2023 Type of Drill circle one: M* Fire Drill Q*-Power Outage Q*-Tornado Warning Q*-Severe Weather Time Alarm Begin: 7:45 pm Time 911 was called: y Time Evacuation Completed: 7:46 pm Comments: USt Back day for Roue Client WAS out in a timely | Smoke Detector Tested(V)N Water Temperature: Water Tested: Water |
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