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DESTINY FAMILY CARE HOME 2	1238 FAIRLANE ROAD CARY, NC 27511

(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 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on June 26, 2023. The complaint was substantiated (Intake #NC00201633). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility	V 105		

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards for the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 6/13/23 of a physician order dated 12/2/22 for client #1 revealed: - check blood sugar (BS) three times a day During interview on 6/13/23 client #1 reported: - The Home Manager checked her BS and administered her insulin nightly During interview on 6/13/23 the Qualified Professional (QP) reported: - She understood that a CLIA waiver was needed for BS checks - She did not discuss CLIA waivers with the Licensee During interview on 6/14/23 the Licensee reported: - The facility did not have a CLIA waiver - She did not know she needed a CLIA waiver and would look into getting one	V 105		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND	V 110		

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V 110	Continued From page 3 SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 audited paraprofessional staff (Home Manager) demonstrated the knowledge, skills, and abilities required by the population served. The findings are:	V 110		

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V 110	Continued From page 4 Review on 6/15/23 of the Home Manager's record revealed: - Hired 2/21/22 - A signed job description (no date): "Consult with team and follow through with decisions or directions provided by supervisors...Demonstrate competence in required training areas. These include: ...Client Rights...and any other training required as per state standard/regulations..." Review on 6/13/23 of client #1's record revealed: - Admitted 1/22/23 - Diagnoses of Down's Syndrome, Type 2 Diabetes Mellitus with Hyperglycemia, Gastroesophageal Reflux Disease (GERD), Dyslipidemia, and burn of back of right hand. - No physician order for a specialized diet During interview on 6/13/23 the Home Manager reported: - Client #1 had "seizure-like episodes" so she placed her on a specialized diet - The diet included no sodas, "zero sugar snacks" and "more fruits and vegetables" - She could not recall when she started client #1 on the specialized diet - She spoke with client #1's Primary Care Provider (PCP) and the PCP agreed with the diet - She could not recall when she spoke with client #1's PCP about the specialized diet - Client #1 did not like the diet and would "sometimes sneak" snacks and sodas During interview on 6/14/23 client #1's PCP reported: - She has been client #1's PCP since 2021 - Last saw Client # 1 on 6/1/23 and was not aware of the specialized diet - She did not write an order for a diet	V 110		

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V 110	Continued From page 5 - She planned to speak with client #1 regarding the diet at her next appointment on 7/5/23 During interview on 6/13/23 the Qualified Professional (QP) reported: - She was not aware of client #1's specialized diet - Staff could not eliminate any foods without a physician's order During interview on 6/14/23 the Licensee reported: - She was not aware of client #1's specialized diet	V 110		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug;	V 118		

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V 118	Continued From page 6 (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a physician for 1 of 3 audited clients (#1). The findings are: Review on 6/13/23 of client #1's record revealed: - Admitted 1/22/23 - Diagnoses of Down's Syndrome, Type 2 Diabetes Mellitus with Hyperglycemia, Gastroesophageal Reflux Disease (GERD), Dyslipidemia, and burn of back of right hand. - Physician order dated 12/2/22 to check blood sugar (BS) three times a day (TID) Review on 6/13/23 of client #1's personal notebook revealed: - BS readings were documented only twice a day (BID) from 6/1/23 to 6/13/23 ranging from 90-164 - 13 of 39 BS checks were missed from 6/1/23 to 6/13/23 - No documentation of BS readings from 1/1/23 to 5/31/23	V 118		

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V 118	Continued From page 7 During interview on 6/13/23 client #1 reported: - She was supposed to check her BS TID but she checked it BID - She (client #1) and the Home Manager "sometimes forgot the third check" During interview on 6/13/23 the Home Manager reported: - Client #1's physician order for BS checks was changed to BID - She did not recall when the Primary Care Provider (PCP) changed the order During interview on 6/14/23 client #1's PCP reported: - She has been client #1's PCP since 2021 - Client #1 was being treated for Type 2 Diabetes - Client #1 was supposed to check her BS TID - Client #1 brought in her BS readings in January 2023 and she was checking TID - She did not recall changing the physician's order to BID During interview on 6/15/23 and 6/21/23 the Qualified Professional (QP) reported: - She reviewed client medications and MAR with the Home Manager - She was not aware client #1's BS was only being checked BID - "Staff is not supposed to change anything without a physician's order" - The facility was supposed to document the BS readings of clients on the MARs - The facility did not have record of client #1's BS readings from 1/1/23 to 5/31/23 - Client #1 took her BS readings to her appointment with her PCP on 6/1/23 - The PCP looked at the BS readings and discarded them	V 118		

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V 118	Continued From page 8 During interview on 6/14/23 the Licensee reported: - The Home Manager told her the PCP changed client #1's physician order to BID - She could not recall when the Home Manager told her that Client #1's physician order was changed to BID	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) check was completed prior to hire for 2 of 2 audited paraprofessional staff (#1 and Home Manager) . The findings are: Review on 6/15/23 of Staff #1's record revealed: - Hired 1/13/23 - HCPR check completed on 6/14/23 Review on 6/15/23 of the Home Manager's record	V 131		

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V 131	Continued From page 9 revealed: - Hired 2/21/22 - HCPR check completed on 5/18/22 During interview on 6/13/23 Staff #1 reported: - She was a "fill in" staff - She worked when the Home Manager had to "step out" - Worked alone with clients Durig interview on 6/15/23 the Qualified Professional (QP) reported: - The Licensee was responsible for completing the HCPR checks - Staff #1's HCPR was completed prior to hire but she could not find it - She did not recall why the Home Manager's HCPR check was completed on 5/18/22	V 131		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one	V 290		

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V 290	Continued From page 10 child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 6 clients (#2, #3, and #4) were assessed and deemed capable of unsupervised time in the community and failed to provide supervision for 1 of 6 clients who was not approved for unsupervised time in the community. The findings are:	V 290		

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V 290	Continued From page 11 Review on 6/13/23 of client #1's record revealed: - Admitted 1/22/23 - Diagnoses of Down's Syndrome, Type 2 Diabetes Mellitus with Hyperglycemia, Gastroesophageal Reflux Disease (GERD), Dyslipidemia, and burn of back of right hand. - Admission assessment dated 1/23/23: "Absolutely no unsupervised time in the community" Review on 6/13/23 of client #2's record revealed: - Admitted 12/1/15 - Diagnoses of Mental Retardation (MR), Arthritis, Hypertension, Hyperlipemia, and Coronary Artery Disease - Treatment plan dated 3/4/23: No documentation for approved unsupervised time in the community Review on 6/13/23 of client #3's record revealed: - Admitted 7/28/22 - Diagnoses of Mild Intellectual Developmental Disability (IDD), Schizoaffective Disorder, Hyperlipidemia, and Type 2 Diabetes Mellitus - No documentation for approved unsupervised time in the community Review on 6/13/23 of client #4's record revealed: - Admitted 4/2/18 - Diagnoses of Moderate MR, Psychosis, and Hyperlipidemia - No documentation for approved unsupervised time in the community During interview on 6/13/23 client #1 reported: - She "sometimes caught the bus" to her doctor appointments During interview on 6/13/23 the Home Manager reported:	V 290		

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- All of the clients used a local transportation service for transport to their day program
- Client #1 also used a local transportation service to go to her medical appointments
- Client #1, client #2, client #3, and client #4 did not have approved unsupervised time in the community

During interview on 6/14/23 client #1's Primary Care Provider (PCP) reported:
- She has been client #1's PCP since 2021
- "[Client #1] usually shows up by herself. I've never seen a staff"
- Her colleagues have never seen client #1 with a staff

During interview on 6/15/23 the Qualified Professional (QP) reported:
- All clients used a local transportation service for transport to their day programs
- Client #1, client #2, client #3, and client #4 did not have approved unsupervised time
- The Licensee usually transported clients to medical appointments, but she believed client #1 also took herself using a local transportation service.
- The Home Manager or Licensee made the decision of when client #1 went to her medical appointments without staff
- She needed to reassess the client's unsupervised time and to include transportation to and from the day program

During interview on 6/14/23 the Licensee reported:
- She was not aware that client #1 went to medical appointments without staff unless client #1 requested for staff to not go in the office with her
- "[Client #1] will tell staff that she doesn't want

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V 290	Continued From page 13 them to go with her" - Client #1 did not have unsupervised time - She believed client #1 was assessed for unsupervised time but didn't fit the criteria	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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V 291	Continued From page 14 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate with other agencies to meet the needs of 1 of 3 audited clients (#1). The findings are: Review on 6/13/23 of client #1's record revealed: - Admitted 1/22/23 - Diagnoses of Down's Syndrome, Type 2 Diabetes Mellitus with Hyperglycemia, Gastroesophageal Reflux Disease (GERD), Dyslipidemia, and burn of back of right hand. Review on 6/21/23 of email from client #1's advocate to the Home Manager dated 3/27/23 revealed: - "IUD (Intrauterine Device) Removal-[Client #1] needs an appointment to schedule the removal of her IUD" During interview on 6/14/23 client #1's Primary Care Physician (PCP) reported: - She made a referral on 6/1/23 to an Obstetrics and Gynecology (OBGYN) for client #1 to have a birth control implant replaced in her arm During interview on 6/21/23 the Home Manager reported: - She was unaware of client #1's birth control implant until client #1's advocate mentioned it in an email - Client #1 had the birth control implant to prevent pregnancy - She did not know when client #1 received the implant - She recalled receiving a call from an OBGYN as a referral - "The OBGYN was supposed to be giving me	V 291		

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	MHL092-859	A. BUILDING: _____ B. WING _____	R 06/26/2023

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V 291	Continued From page 15 a call back, but they never followed up with a call to schedule the appointment" - She did not recall when or which OBGYN called - She did not schedule an OBGYN appointment because client #1 was scheduled to see her PCP on 7/5/23 - She would work on scheduling an OBGYN appointment today (6/21/23) During interview on 6/15/23 the Qualified Professional (QP) reported: - She was unaware of client #1's birth control until 6/15/23 - She was unaware the PCP referred client #1 to an OBGYN - She did not know if the OBGYN appointment was scheduled - The Home Manager and Licensee were responsible for scheduling medical appointments - The Home Manager and Licensee were responsible for relaying information to her (QP) when clients were working with outside agencies - The discussion between the Home Manager and client #1's advocate about the birth control should have been communicated with her - The Home Manager should have communicated any medical issue or situation involving the clients at the time the issue occurred	V 291		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC	V 512		

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V 512	Continued From page 16 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on observation, record review and interview, 1 of 2 audited paraprofessional staff (Home Manager) exploited 1 of 3 audited clients (#6). The findings are: Review on 6/13/23 of client #6's record revealed: - Admitted 4/2/18 - Diagnoses of Mild Intellectual Developmental Disability (IDD), Anxiety and Schizophrenia Review on 6/14/23 of the facility's Transportation Policy revealed: - "There will be no fees charged to clients for transportation services." - "Primarily staff personal vehicles will provide transportation services..." Observation on 6/21/23 at 3:15pm of a Global	V 512		

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V 512	Continued From page 17 Positioning System (GPS) revealed: - Client #6's boyfriend's address was 13 miles away from the facility During interviews on 6/13/23 and 6/15/23 client #6 reported: - She visited her boyfriend weekly - The Home Manager transported her to the boyfriend's house located in a neighboring city - She gave the Home Manager $10-$20 in gas money for transport to her boyfriend's house - She witnessed the Home Manager purchase the gas with the money - She (client #6) would "sometimes" help the Home Manager pay for and pump the gas During interviews on 6/15/23 and 6/21/23 the Home Manager reported: - She used her personal vehicle to transport clients - Client #6 asked to be taken to her boyfriend's house - "Been doing it for at least 3 months" - Client #6 was "only going once a month" - "Yes I asked for gas money because it's outside of the norm (normal)" - She was "obligated" to take clients to medical appointments - Transporting client #6 to her boyfriend's house was "not an obligation, it's a desire" - Client #6 "normally gave $10" for gas - She used the gas money "as soon as we got out of driveway" - "Sometimes" client #6 wanted to help pump and pay for the gas - "It takes about a good 20 minutes to get there" - The Qualified Professional (QP) went over the transportation policy with her - She interpreted the policy as "ensuring their	V 512		

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V 512	Continued From page 18 safety, get to appointments on time, and consult with the QP or Licensee first when transporting clients anywhere outside of the norm" During interview on 6/15/23 the QP reported: - The boyfriend's mother transported client #6 to and from the facility - She was unaware the Home Manager transported client #6 to her boyfriend's house - She was unaware the Home Manager accepted gas money from client #6 - "Under no circumstances is that (accepting money from clients) supposed to happen" - The Home Manager was not supposed to do any exchange of money with clients - "Don't do it if they (clients) have to pay you back" During interview on 6/14/23 the Licensee reported: - Was not aware client #6 gave the Home Manager gas money - "Sometimes" the boyfriend's mother picked client #6 up from the facility - First time she heard that the Home Manager transported client #6 to the boyfriend's house Review on 6/21/23 of the Plan of Protection (POP) dated 6/21/23 written by the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The QP completed training/inservice w/staff & administration on 6/19/23. The training focused on protection from harm, neglect, abuse, and exploitation. Specifically discussed money management, management of client funds, covered expenses/travel for clients & not expecting money from clients for personal errands or items. Staff understands not accept money from a client for personal or other	V 512		

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V 512	Continued From page 19 reasons. Describe your plans to make sure the above happens. The QP, administrator & staff will meet no less than monthly to review clients funds, going forward. Training will be completed weekly for the next 30 days & then monthly thereafter. Trainings will be documented when completed." Client #6 was diagnosed with of Mild IDD, Anxiety, and Schizophrenia. Client #6 was transported to her boyfriend's home by the Home Manage in her personal vehicle. The Home Manager took $10 to $20 dollars for gas money to provide transportation for client #6 to her boyfriend's house. This continued for at least a period of 3 months. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety, and welfare of the clients. If the violation is not corrected within 45 days, and administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 512		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean and attractive	V 736		

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V 736	Continued From page 20 manner. The findings are: Observation on 6/13/23 at approximately 10:51am revealed: - Ceiling around the fireplace had a brown stain the size of a baseball with paint peeling off - The hallway bathroom had dime sized black stains around the bathtub sealant - The trim around the bathtub was loose and coming off - The wood on the front door was chipped, exposing the latch of the doorknob During interviews on 6/13/23 and 6/21/23 the Qualified Professional (QP) reported: - The Licensee was responsible for repairs to the facility - The issues were reported to the Licensee "sometime last year" - "[Licensee] said 'I'm going to do it. I promise I'll get it done'" During interview on 6/14/23 the Licensee reported: - She visited the facility twice a week - Was not aware of black marks around the tub or brown stains on the ceiling. - Staff should call her for maintenance issues - "Water leaks and stuff like that is taken care of immediately" This deficiency has been cited 2 times since the original cite on 5/23/22 and must be corrected within 30 days.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT	V 752		

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V 752	Continued From page 21 (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the water temperature was maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 6/13/23 at approximately 10:51am revealed the following water temperatures: - 122 degrees Fahrenheit in the kitchen - 120 degrees Fahrenheit in the sink and 122 degrees Fahrenheit in the bathtub of the hallway bathroom - 120 degrees Fahrenheit in sink of client #2's and client #3's bathroom - 122 degrees Fahrenheit in the sink and shower of client #1's and client #4's bathroom During interview on 6/13/23 client #2 reported: - The water was hot but she knew "how to turn on cold water" During interview on 6/13/23 client #5 reported: - The water felt hot - She reported it to staff - She could not recall when she reported the hot water to staff During interview on 6/13/23 client #6 reported: - The water was hot but not "too	V 752		

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V 752	Continued From page 22 uncomfortable" - She reported it to the Home Manager - She could not recall when she reported the hot water to the Home Manager During interview on 6/13/23 Staff #1 reported: - The water was hot - She reported it to the Home Manager - She could not recall when she reported the hot water to the Home Manager During interview on 6/13/23 the Home Manager reported: - She checked the water temperature "about every 2 months" - She was supposed to document the water temperature checks - She could not provide documentation for water temperature checks - The water was "extremely hot" all the time - "I just thought that was just where it was set" - No clients were injured from the hot water During interview on 6/13/23 the Qualified Professional (QP) reported: - She was unaware of the water temperatures - She hasn't checked the water temperature since last year During interview on 6/14/23 the Licensee reported: - The Home Manager was responsible for checking the water temperature - She was unaware the water temperatures were above the state required temperature - The water should be checked once a week and "documented on a log" - She was responsible for reviewing the water temperature log - She last checked the log a month ago	V 752		

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V 752	Continued From page 23 - She could not provide the water temperature log	V 752		