		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
MHL060-586		MHL060-586	B. WING		R 10/13/2023	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
DLEWILD	HOME		LEWILD BROOK LA OTTE, NC 28212	NE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	6	V 000			
	completed on 10/13/ unsubstantiated (inta Deficiencies were cit This facility is license	ed. ed for the following service 2 27G .1300 Residential				
	This facility is license	ed for 4 and currently has a rvey sample consisted of				
V 736	27G .0303(c) Facility	/ and Grounds Maintenance	V 736			
		REMENTS				
		ns and interviews the facility in a safe, clean, attractive				
	revealed: -Hall bathroom,dirty walls of the tub. Cau cracked and pulling a behind the toilet in a had a small trickle of was turned on. -Double bedroom ha	12/23 at 2:40pm of the facility gray build up covering the lking around the tub was away. Paint was peeling 1 foot by 1 foot area. Sink f water when the hot water ad a hole in the wall on the left b inches by 2 inches. Ceiling				
	fan and blades had a	a thick build up of dust. extra bed was worn thin with				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.		R	
		B. WING		10	/13/2023	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DLEWILD	НОМЕ		LEWILD BROOK LA	NE		
		CHARLO	OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC 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 736	Continued From pag	e 1	V 736			
	a hole approximately	1 inch by 1 inch with				
	exposed wire.	i mon by i mon unai				
	•	nole in the wall approximately				
	3 inches by 2 inches					
		ge stains of various colors				
		rpet throughout the room.				
	Approximately three to four blind slats were					
	broken off on both ends. -Hall closet had a loose doorknob.					
		filter in the hall were covered				
	with dirt and dust.					
	-Stairwell had a hole approximately 3 inches by 3					
	inches.					
	-Downstairs bathroom: One drawer on the vanity					
	was missing the facing. Toilet had a black ring at					
	the water level.					
	-	If inch size of orange colored				
	quarter of an inch.	g from the wall about a				
	Interview on 10/11/2	3 with Client #2 revealed:				
	-There was a hole in	the wall when she moved				
	into her room at the	end of the summer.				
	Interview on 10/12/2	3 with Staff #1 revealed:				
		were plans to make the				
	needed repairs.					
	-Staff and clients we	re responsible for cleaning.				
	Interview on 10/13/2	3 with the facility's Quality				
	Assurance Director r					
		eded repairs and cleaning.				
		e facility was cleaned and				
	repaired.					
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752			
	10A NCAC 27G .030 EQUIPMENT	4 FACILITY DESIGN AND				
	Ith Service Regulation		1			

## PRINTED: 10/24/2023 FORM APPROVED

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	MHL060-586		B. WING		10	R / <b>13/2023</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
DLEWILD	HOME		-EWILD BROOK LA DTTE, NC 28212	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 752	Continued From pag	e 2	V 752			
	<ul> <li>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</li> <li>(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.</li> </ul>					
	failed to ensure hot v	as evidenced by: and observation, the facility vater temperatures were 100-116 degrees Fahrenheit.				
	revealed: -Water temperature i 140 degrees Fahrenl -Water temperature i	n the hall bathroom tub and oom sink and shower				
	revealed:	23 with Clients #1, #2, and #3 om the hot water in the				
	-Didn't know that wat -Denied any clients s water in the facility.	3 with Staff #1 revealed: ter was too hot. sustained burns from the hot ter temperature logs.				
	Manager revealed:					

Division of Health Service Regulation STATE FORM

B0D411

of Health Service Regu						
OF CORRECTION	IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
				R		
	MHL060-586	B. WING		10	/13/2023	
ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STATE,	ZIP CODE			
HOME			NE			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
Continued From page	e 3	V 752				
-The facility kept a water temperature log, but did not provide one for review when requested. -It would be repaired as soon as possible.						
Interview on 10/13/23 with the facility's Quality Assurance Director revealed: -Was aware arrangements were being made to adjust the water temperature. -Did not know the current status of the water temperature.						
temperature. Review on 10/12/23 of the plan of protection dated 10/12/23 written by Staff #1 with the approval of the facility's Quality Assurance Director revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? -Ask clients not to turn the water on (particularly the hot water). Call maintenance to report the temperature is high at 3:45pm and informed him of the situation. On October 12, 2023. Maintenance indicated he would be out today. -Describe your plans to make sure the above happens. -Will continue to call maintenance until someone comes and make the repairs. Informed residents that the hot water temperature is high and to refrain from using until lower temperature is set. Will continue to give reminders to the residents not to use hot water. Staff will monitor residents to ensure safety and they do not use the hot water."						
Depressive Disorder, Hyperactivity Disorder Disorder, Conduct Di Oppositional Defiant	Attention Deficit er, Reactive Attachment sorder, Adjustment Disorder, Disorder, and Post					
	COVIDER OR SUPPLIER HOME SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page -The facility kept a wa not provide one for re -It would be repaired Interview on 10/13/23 Assurance Director re -Was aware arranger adjust the water temp -Did not know the cur temperature. Review on 10/12/23 writte approval of the facilit Director revealed: -"What immediate ac ensure the safety of the -Ask clients not to tur the hot water). Call re temperature is high a of the situation. On Com Maintenance indicate -Describe your plans happens. -Will continue to call comes and make the that the hot water temperature to call comes and the temperature to call comes and the temperature to call comes and	COF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         MHL060-586         ROVIDER OR SUPPLIER       STREET / 6807 ID CHARLI         MOME       6807 ID CHARLI         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 3         -The facility kept a water temperature log, but did not provide one for review when requested.         -It would be repaired as soon as possible.         Interview on 10/13/23 with the facility's Quality Assurance Director revealed:         -Was aware arrangements were being made to adjust the water temperature.         -Did not know the current status of the water temperature.         Review on 10/12/23 of the plan of protection dated 10/12/23 written by Staff #1 with the approval of the facility's Quality Assurance Director revealed:         -"What immediate action will the facility take to ensure the safety of the consumers in your care?         -Ask clients not to turn the water on (particularly the hot water). Call maintenance to report the temperature is high at 3:45pm and informed him of the situation. On October 12, 2023.         Maintenance indicated he would be out today.         -Describe your plans to make sure the above happens.         -Will continue to call maintenance until someone comes and make the repairs. Informed residents that the hot water temperature is high and to refrain from using until lower temperature is set.         Will continue to	OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLA       (X2) MULTIPLE CA         DENTIFICATION NUMBER:       A BUILDING:         MHL060-586       B. WING         HOME       5807 IDLEWILD BROOK LA         COVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         HOME       5807 IDLEWILD BROOK LA         Continued From page 3       V 752         -The facility kept a water temperature log, but did       preFix         not provide one for review when requested.       -1         -It would be repaired as soon as possible.       Interview on 10/13/23 with the facility's Quality         Assurance Director revealed:       -Was aware arrangements were being made to adjust the water temperature.         -Did not know the current status of the water temperature.       -Did not know the current status of the water temperature.         -What immediate action will the facility take to ensure the safety of the consumers in your care?       -Ask clients not to trun the water on particularly the hot water). Call maintenance to report the temperature is high at 3:45pm and informed him of the situation. On October 12, 2023.         Maintenance until someone comes and make the repairs. Informed residents that the hot water temperature is high and to refrain from using until lower temperature is set.         -Will continue to call maintenance until someone comes and make the repairs. Informed residents to the residents to the residents to the residents to to usent sto the stot water."	OPE DEFICIENCIES       [X1] PROVIDERSUPPLIENCLA       (X2) MULTIPLE CONSTRUCTION         P CORRECTION       MHL060-586       BUILDING:         MML060-586       BUILDING:       BUILDING:         BUING         STREET ADDRESS, CITY, STATE, ZIP CODE         6807 IDLEWILD BROK LANE CHARLOTTE, NC 28212         IDLEWILD BROK LANE CHARLOTTE, NC 28212         IDLEWILD BROK LANE CHARLOTTE, NC 28212         Continued From page 3       V 752         - The facility kept a water temperature log, but did not provide one for review when requested. -It would be repaired as soon as possible.       V 752         Interview on 10/13/23 with the facility's Quality Assurance Director revealed: -Vas aware arrangements were being made to adjust the water temperature. -Did not know the current status of the water temperature.         Review on 10/12/23 of the plan of protection dated 10/12/23 withen by Staff #1 with the approval of the facility's Quality Assurance Director revealed: -'Was immediate action will the facility take to ensure the safety of the consumers in your care? -Ask clients not to turn the water on (particularly the hot water). Call maintenance to report the temperature is high at 3:45pm and informed him of the situation. On Cotober 12, 2023.         Will continue to call maintenance until someone comes and make the repairs. Informed residents to the water temperature is high and to refrain from using until lower temperature is set. Will continue to call maintenance until someone comes and make	OPT DEPRODENCIES       (N1) PROVIDERSUPPLIERCIAN       (P2) MULTRE CONSTRUCTION       (P2) OPT         MELOBO-S56       IN INFORMATION NUMBER       IN INFORMATION       10         NOVDER OR SUPPLIER       STREET ADDRESS, CITY. STATE, ZIP CODE       600 TOLEWILD BROOK LANE       10         MEMOME       600 TOLEWILD BROOK LANE       INFORMATION INFORMATION)       PROVIDERS PLAN OF CORRECTION INFORMATION       INFORMATION INFORMATION)       PROVIDERS PLAN OF CORRECTION SHOULD BE CREATED BY FLUE       PROVIDERS PLAN OF CORRECTION SHOULD BE CREATED BY FLUE       INFORMATION INFORMATION)       PROVIDERS PLAN OF CORRECTION SHOULD BE CREATED BY FLUE       PROVIDERS PLAN OF CORRECTION SHOULD BE CREATED BY FLUE       PROVIDERS PLAN OF CORRECTION SHOULD BE CREATED BY FLUE ACTION SHOULD BE CREATER TAXED TO THE APPROPRIATE DEFICIENCY MISTER PROVIDERS PLAN OF CORRECTION SHOULD BE CREATER TAXED TO THE APPROPRIATE DEFICIENCY WITH TAGE       PROVIDERS PLAN OF CORRECTION SHOULD BE CREATER TAXED TO THE APPROPRIATE DEFICIENCY WITH A BUDDAY AND THE ADDITION OF THE APPROPRIATE DEFICIENCY WITH A BUDDAY AND THE ADDITION OF THE APPROPRIATE DEFICIENCY WITH A BUDDAY AND THE ADDITION OF ADITION OF ADIT	

## PRINTED: 10/24/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL060-586	B. WING		10	R )/ <b>13/2023</b>
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
DLEWILD	HOME		LEWILD BROOK LA	NE		
			OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
V 752	Continued From page	e 4	V 752			
	Fahrenheit in the hall bathroom. The temp risk for burns. This d A2 rule violation for s harm and must be co administrative penalty violation is not correct					

B0D411