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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
MHL092-991		B. WING			10/30/2023				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
CHISLEY	'S WE CARE HOME S	SUPPORT	LEY STREET						
(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			V 000						
	An annual survey w deficiency was cited		10/30/23. A						
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living  The facility is licensed for three clients and currently has a census of one. The survey sample consisted of audits of one current client.								
V 752	27G .0304(b)(4) Hot Water Temperatures		V 752						
	10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (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 me Based on observati failed to ensure wat maintained between The findings are:	on and interview t ter temperatures v	he facilty vere						
	Observation on 10/2 temperature in the lathroom sink and fahrenheit.	kitchen sink and c	lient						
	Interview on 10/26/2 -Had not checked to time.								

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

TITLE (X6) DATE

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2430 SHEPHERD VALLEY STREET  RALEIGIN, NC 27610  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  V 752  V 752  While the water temperature was that hotClient had not complained of the water being too hotWill turn down the water heater and keep a check on it.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			X3) DATE SURVEY COMPLETED	
CHISLEY'S WE CARE HOME SUPPORT  2430 SHEPHERD VALLEY STREET RALEIGH, NC 27610    Continued From page 1   Continued From page 2   Continued From page 2   Continued From page 2   Continued From page 3   Continued From page 3			MHL092-991	B. WING 1			30/2023
(X4) ID PREFIX TAG	NAME OF	PROVIDER OR SUPPLIER					
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  Continued From page 1  -Was not aware the water temperature was that hotClient had not complained of the water being too hotWill turn down the water heater and keep a	CHISLE	Y'S WE CARE HOME S	SUPPORT		LEY STREET		
-Was not aware the water temperature was that hotClient had not complained of the water being too hotWill turn down the water heater and keep a	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	HOULD BE	
hotClient had not complained of the water being too hotWill turn down the water heater and keep a	V 752	Continued From pa	ge 1	V 752			
	V 732	-Was not aware the hotClient had not comhotWill turn down the	water temperature was that	V 102			

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