STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C		
		MHL027-007	B. WING			26/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
CURRITI	JCK HOME		NARD ROAD (, NC 27939				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO TH DEFICIENCY		ON SHOULD BE COMPLE HE APPROPRIATE DATE		
∨ 000	INITIAL COMMENTS		V 000				
	A complaint and follow up survey was completed on 10/26/23. The complaint was substantiated (Intake #NC00208305). A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
		eed for 6 and currently has a rvey sample consisted of clients.					
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas c exposed to hot wate	04 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116					
	failed to ensure the	et as evidenced by: on and interview, the facility water temperatures were n 100-116 degrees Fahrenheit					
	 The kitchen sin degrees Fahrenheit The water temp bathroom #1 were \$ The water temp 	25/23 at 12:32pm revealed: k water temperature was 96 peratures in the sink and tub in 00 degrees Fahrenheit peratures in the sink and tub in 01 degrees Fahrenheit					

MD4V11

ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED R-C 10/26/2023	
	MHL027-007					
AME OF PROVIDER OR SUPPLIE	ER STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
URRITUCK HOME		NARD ROAD (, NC 27939				
REFIX (EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 752 Continued From	page 1	V 752				
reported: - Didn't have a temperature Interview on 10/2 - The water "fe Attempted interv but client #6 was Observation and 12:32pm the Hou - A long silver thermometer - She purchas February 2023 - She checked facility every wee within the 100-11 Interview on 10/2 reported: - The House M checking the wat - Was unawar House Manager temperature - The House M thermometer in F previous thermode	iew on 10/25/23 with client #6,					
	constitutes a re-cited deficiency rected within 30 days.					

MD4V11