

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL027-007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CURRITUCK HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>139 BARNARD ROAD GRANDY, NC 27939</b>
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(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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 10/26/23. The complaint was substantiated (Intake #NC00208305). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 6 current clients.</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the water temperatures were maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 10/25/23 at 12:32pm revealed:</p> <ul style="list-style-type: none"> <li>- The kitchen sink water temperature was 96 degrees Fahrenheit</li> <li>- The water temperatures in the sink and tub in bathroom #1 were 90 degrees Fahrenheit</li> <li>- The water temperatures in the sink and tub in bathroom #2 were 91 degrees Fahrenheit</li> </ul>	V 752	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center; color: red;">NOV 27 2023</p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p> <p>To be in compliance with rules, Life, Inc. will employ the following:</p> <p>#1 Habilitation Coordinator completed a work order on 10/26/2023 to have the hot water heater temperature adjusted to raise the water temperature in the home.</p> <p>#2 Agency purchased new thermometers to be utilized in all homes. Thermometers will be utilized upon receipt from the vendor.</p>	<p>10/26/2023</p> <p>11/7/2023</p>

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

*[Signature]* BTQP11

TITLE

*Program Manager*

(X6) DATE

11/17/2023

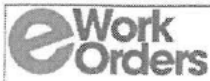
Division of Health Service Regulation

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V 752	<p>Continued From page 1</p> <p>Interviews on 10/25/23 clients #1, #3, #4, &amp; #5 reported: - Didn't have an issue with the water temperature</p> <p>Interview on 10/25/23 client # 2 reported: - The water "felt good"</p> <p>Attempted interview on 10/25/23 with client #6, but client #6 was non-verbal.</p> <p>Observation and interview on 10/25/23 at 12:32pm the House Manager reported: - A long silver metal probe digital meat thermometer - She purchased a new thermometer in February 2023 - She checked the water temperature in the facility every week and the temperatures were within the 100-116 degree Fahrenheit range</p> <p>Interview on 10/25/23 the Program Manager reported: - The House Manager was responsible for checking the water temperatures in the facility - Was unaware of the type of thermometer the House Manager used to check the water temperature - The House Manager purchased the new thermometer in February 2023 because the previous thermometer was a meat thermometer - She planned to purchase a new thermometer as soon as possible</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752	<p>#3 Water temperatures will be recorded on Water Temperature form. In the event that temperatures fall below 100 degrees or above 116 degrees, Habilitation Coordinator/Qualified Professional will complete a work order to have the temperatures adjusted. Temperatures will be checked weekly. Inservice completed to identify procedure.</p>	11/16/2023
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Facilities  
turn up hot water  
Work Order Request - Routine

34966  
34966  
34966



Cumtuck  
-General  
DDA

Reported 26 Oct 2023  
Printed 15 Nov 2023 10:02:39am  
Closed 27 Oct 2023

Priority: DDA Estimated: 0 Reviewed: No Status: 2-Closed

Classification: Other

Procedure or Request Details

Hot water heater needs to be turned up, state request. Temp is running 96 right now

Details for Order #112-1533433-0469001

[Print this page for your records.](#)

**Order Placed:** November 7, 2023  
**Amazon.com order number:** 112-1533433-0469001  
**Order Total:** \$141.48

**Not Yet Shipped**

**Items Ordered**

**Price**

9 of: *Thermco BM2012ABLS Glass Accu-Safe Open Face Blue Spirit Filled Pocket Thermometer, -30 to 120°F Range, 2°F Division, TOTAL Immersion* \$14.69

Sold by: Amazon.com Services LLC  
Supplied by: Other

Condition: New

**Shipping Address:**

Life, Inc. [Redacted]  
[Redacted]  
United States

**Shipping Speed:**  
Standard Shipping

**Payment information**

**Payment Method:**

Visa ending [Redacted]

**Billing address**

Life, Inc./[Redacted]  
[Redacted]  
United States

Item(s) Subtotal: \$132.21  
Shipping & Handling: \$0.00

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Total before tax: \$132.21  
Estimated tax to be collected: \$9.27

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**Grand Total: \$141.48**

To view the status of your order, return to [Order Summary](#).

Life, Inc.  
Residential Homes Water Temperature

Group Home: \_\_\_\_\_  
Temperature Should Range Between 100-110 Degrees

\*\*\*If temperatures are below 100 or above 110 notify supervisor immediately and complete plan of correction on next page\*\*\*

Date	Temperature	Tested By:
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	

**LIFE, Inc.**  
**STAFF INSERVICE REPORT**

Date: 11/16/2023

Instructor's Printed Name: \_\_\_\_\_

Time Length of Break: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

Inservice Begin Time: \_\_\_\_\_

Inservice End Time: \_\_\_\_\_

- \* Topic Covered: Habilitation Coordinator will complete weekly water temperature checks through out the home and will document Expiration Date: \_\_\_\_\_
- \* Topic Covered: results of these checks on the Life, Inc. Water Temperature Check log. In the event, the Habilitation Coordinator is Expiration Date: \_\_\_\_\_
- \* Topic Covered: not able to complete the checks, the Qualified Professional of the home will ensure checks have been completed. Expiration Date: \_\_\_\_\_
- \* Topic Covered: In the event that the temperatures are below required level of 100 degrees or above 116 degress, the Habilitation Expiration Date: \_\_\_\_\_
- \* Topic Covered: Coordinator/Qualified Professional, will submit a work order to have the temperatures adjusted. Expiration Date: \_\_\_\_\_
- \* Topic Covered: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- \* Topic Covered: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

EMPLOYEE'S PRINTED NAME (Please print clearly)	EMP ID #	Is this Employee a NEW HIRE?	EMPLOYEE'S SIGNATURE (Please sign legibly)	FACILITY #	ARRIVAL TIME	DEPARTURE TIME	COMPONENTS	PASS/FAIL
[REDACTED]								



Re: Complaint & Follow-up Survey completed 10/26/2023  
Currituck Home, 139 Barnard Rd., Grandy NC 27939  
MHL# 027-007

Dear [REDACTED]

Attached is the plan of correction for the survey completed on October 26, 2023. Please advise if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra J. Provencher BA QPII".

Debra J. Provencher, BA, QPII  
Program Manager