

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL024-117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LCBHS-SILVER SPOON ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>581 SILVER SPOON ROAD EVERGREEN, NC 28438</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 21, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for individuals of all Disability Groups (Residential),</p> <p>The facility is licensed for 1 and currently has a census of 1. The survey sample consisted of 1 current client.</p>	V 000		
V 752	<p><b>27G .0304(b)(4) Hot Water Temperatures</b></p> <p><b>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</b></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 water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 2/20/24 at approximately 3:00pm revealed: -The hot water temperature in bathroom #1 was 124 degrees Fahrenheit at the sink. -The hot water temperature at the kitchen sink was 123 degrees Fahrenheit.</p>	V 752		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 752	Continued From page 1  Interview on 2/21/24 the Chief Executive Officer (CEO) stated: - She would follow up to ensure the proper range of water temperature was maintained.	V 752		