PRINTED: 03/18/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
		MHL041-617	B. WING		R 03/07/2024			
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 00/01/2024			
	6184 LAKE BRANDT ROAD							
LAKE BR	ANDT GROUP HOME	GREENSB	ORO, NC 2745	55				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE			
				DEFICIENCY)				
V 000	INITIAL COMMENTS		V 000					
	An annual and follow on March 7, 2024. De	up survey was completed eficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.							
	The survey sample cocurrent clients.	onsisted of audits of 3						
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736					
		EMENTS						
		n and interviews the facility n a clean and attractive						
	revealed:	4 at approximately 9:50am						
	bedroom.	e window blind in client #1's						
	stains on wall toward	everal brown ½ dollar size s the back of the toilet, bright						
		in on the floor under the						
		toilet connector hose						
		estance (undeterminable), 9 length of brown crust on						
		rained out of tub spout when						
		on the sink pop-up stopper.						
	-Bathroom #2 had: to	ilet connector hose covered						
		undeterminable), dollar size ped white paint), toilet bowel						

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

TITLE (X6) DATE Division of Health Service Regulation

DIVISION	of Health Service Regu	lation						
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:						
		MUU 044 047	B. WING		R	2004		
		MHL041-617	B. Wiito		03/07/2	2024		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE				
	6184 LAKE BRANDT ROAD							
LAKE BRA	ANDT GROUP HOME		BORO, NC 274					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE		
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE		
				DEFICIENCY)				
1/700	- · · · -		14.700					
V 736	Continued From page	e 1	V 736					
	brush caddy had seve	eral dime size splashes of						
		tint residue along the side of						
	· •	coilet, 2 feet of blue stain on						
		all of stand-alone shower.						
	noor and along the wa	all of starid-alone shower.						
	Interview on 3/6/24 w	ith the House Manager						
	revealed:	illi lile i louse Mallagei						
		by another company.						
		r was completed for slow						
	running water in bath							
		of water comes from well						
	water.							
-"we (staff) tried to bleach it (blue stain), it w								
		(stain) also will not come						
	out."							
		t owns the facility) need to						
	remodel the bathroon							
	•	ny home (facility)we don't						
	own them so we can'	t touch them."						
	Interview on 3/6/24 with the Qualified							
Professional revealed								
	-The blue stains in the bathroom area" that's							
		been therethere's nothing						
	that can be done."							
	-"The well water turns	s the tub and stuff blue."						
	Interview on 3/7/24 w							
	Administrator reveale							
		es from the well waterwe						
	are trying to rectify the							
	-The facility is a HUD							
		Development] house and "it						
	is hard to keep up wit							
		pent several thousand						
	• •	e issues caused by the well						
	water.							
		itutes a re-cited deficiency						
	and must be correcte	d within 30 days.						

Division of Health Service Regulation

STATE FORM 8899 J8F811 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
MHL041-617		B. WING		03/07/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
			BRANDT ROA			
LAKE BRA	ANDT GROUP HOME		ORO, NC 2745			
	OUR MAR DV OT		1			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each facilic constructed and equipensures the physical visitors. (4) In areas of exposed to hot water water shall be maintal degrees Fahrenheit. This Rule is not met Based on observation failed to maintain the between 100-116 degfindings are: Observation of the faciliproximately 10:02a revealed: -The kitchen sink wat degrees FahrenheitBathroom #1's sink wat degrees FahrenheitBathroom #1's tub/sl was 120 degrees FahrenheitBathroom #2's sink #120 degrees FahrenheitBathroom #2's sink #118 degrees FahrenheitBathroom #2's show 118 degrees Fahrenheit.	n and interview the facility hot water temperature grees Fahrenheit. The cility on 3/5/24 at am, 10:10am, and 10:20am er temperature was 125 water temperature was 120 nower water temperature hrenheit. #1 water temperature was heit. #2 water temperature was heit. er water temperature was heit. #3 water temperature was heit. #4 water temperature was heit. #5 water temperature was heit. #6 water temperature was heit. #6 water temperature was heit.				
	-The water got "very l					
	complaints from the v	nd reported any burns or vater temperature.				

Division of Health Service Regulation

STATE FORM 5899 J8F811 If continuation sheet 3 of 4

PRINTED: 03/18/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
						R	
		MHL041-617	B. WING		03	/07/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE			
LAKE BR	ANDT GROUP HOME		KE BRANDT ROA BBORO, NC 27455				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 752	Continued From page	e 3	V 752				
	revealed: -The clients had said the hot water has bee Interview on 3/6/24 w Professional revealed	rith the Qualified d: complained about the water cility.					

Division of Health Service Regulation

STATE FORM 5899 J8F811 If continuation sheet 4 of 4