Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
mhl073-036		B. WING		05/	05/02/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
WESLEY	AN HEIGHTS GROUF	PHOME	LEYAN HEIG RO, NC 2757:			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 000 INITIAL COMMENTS		V 000				
	deficiency was cited	vas completed on 5/2/24. A d. sed for the following service:				
		600C Supervised Living for				
		ed for 5 and currently has a urvey 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 cexposed to hot water	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 stained between 100-116 t.				
		on and interview the facility ater temperatures between				
	revealed: - half bath sink w - shower in bathr Fahrenheit	0/24 at approximately 3:12pm vas 92 degrees Fahrenheit room was 92 degrees				
	kitchen sink water t into a cup	coordinator (PC) tested the emperature by allowing to run sed a meat thermometer to				

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		71. 201221110							
	mhl073-036	B. WING		05/	02/2024				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
WESLEYAN HEIGHTS GROUP HOME 205 WESLEYAN HEIGHTS ROXBORO, NC 27573									
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE				
cup was 101 degr - the Managing sink water temper - from the cup, temperature was serviced - been with the - water got war - "it was hotter hot for them" - water temperature time between Apri - the facility use water temperature - he did not use water temperature - he tested the tender part" of his - he did not writ - no one has as  During interview of - they tested water - they used a matemperatures - they used a matemperatures	er temperatures ak water temperature from the ees Fahrenheit Director retested the half bath ature using a cup the half bath sink water 96 degrees Fahrenheit  n 4/30/24 staff #1 reported: company for 2 years m enough for clients at one time but it was a little too atures were turned down some I 2023 and September 2023 and a meat thermometer to test es the thermometer to test the etemperature with "the most								

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Division of Health Service Regulation STATE FORM

SMHE11 If continuation sheet 2 of 2