Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL096-088 04/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 102 TINDERWOOD DRIVE **TINDERWOOD** GOLDSBORO, NC 27534 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on April 25, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. RECEIVED V 752 27G .0304(b)(4) Hot Water Temperatures V 752 10A NCAC 27G .0304 FACILITY DESIGN AND **DHSR-MH Licensure Sect EQUIPMENT** (1) New thermometers
were purchased to
Replace older ones.

(2) Policies to monitor
water temps were
Reviewed with staff

(3) Residential Supervisor
will monitor weekly
readings; group home
leader will easure all
daily leadings are within
reage. (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. 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. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Observation on 04/24/24 at approximately 11:57am revealed: - The hot water temperature in the kitchen sink was 122 degrees Fahrenheit. - The hot water temperature in the client bathroom was 122 degrees Fahrenheit. Interview on 04/24/24 the Residential Supervisor stated:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

HPC2

If continuation sheet 1 of 2

FORM APPROVED 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 MHL096-088 B. WING 04/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 102 TINDERWOOD DRIVE **TINDERWOOD** GOLDSBORO, NC 27534 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 752 | Continued From page 1 V 752 - Staff check the hot water temperature in the - He understood the hot water temperature was to - he would forward the concern to maintenance for follow up. Interview on 04/25/24 the Human Resources Director stated she understood the hot water temperature was required to be between 100 and 116 degrees Fahrenheit.

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