PRINTED: 09/11/2024 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						
					F	2					
		MHL034047	B. WING		09/0	4/2024					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
THE ENRICHMENT CENTER 1006 SOUTH MARSHALL STREET											
WINSTON SALEM, NC 27101											
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DRRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE						
V 000	INITIAL COMMENTS		V 000								
	completed on Septem complaints were unsu #NC00220503 and in deficiency was cited.	ıbstantiated (intake take #NC00220567). A									
	categories: 10A NCA Respite Services for I	d for the following service C 27G .5100 Community ndividuals of All Disability AC 27G .5400 Day Activity bisability Groups.									
	.5100 Community Re of All Disability Group and the .5400 Day Ac Disability Groups has The survey sample co	rent census of 113. The spite Services for Individuals s has a current census of 0 ctivity for Individuals of All a current census of 113. consisted of audits of 11 5400 Day Activity Program.									
V 752	V 752 27G .0304(b)(4) Hot Water Temperatures		V 752								
	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors. (4) In areas of the exposed to hot water,	ity shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116									
	failed to ensure the te	n and interview, the facility emperature of hot water in ts are exposed to hot water									

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

TITLE (X6) DATE

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DIVISION	n Health Service Regu	ialion										
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY							
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED							
			7. BOILDING.									
					R	₹						
MHL034047		B. WING		09/04/2024								
		2001011	<u> </u>		1 00/0	7/2027						
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE								
1006 SOUTH MARSHALL STREET												
THE ENRICHMENT CENTER												
WINSTON SALEM, NC 27101												
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)						
PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE						
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE						
				DEFICIENCY)								
\/ 7F0	0 " 15	4	1/750									
V 752	Continued From page 1		V 752									
	Fahrenheit. The findir	nas are:										
	r amemicit. The initial	igs arc.										
	Observation of the fa-	oility on 0/2/24 hoteroon 2:26										
		cility on 9/3/24 between 3:36										
	pm to 4:35 pm reveal											
	-Hot water temperatu	_										
	Fahrenheit in the sink	of a room which contained										
	approximately 15 individually labeled client											
	cubicles and contained clothing items.											
	-Hot water temperature of 85 degrees Fahrenheit											
	in the sink of the 1st men's restroom located in											
	the hallway near the dining room.											
	•	re of 90 degrees Fahrenheit										
	in the sink of the 2nd men's restroom located in											
	the hallway near the pottery and art rooms.											
	-Hot water temperature of 85 degrees Fahrenheit											
	in the restroom sink of the Peach Pod, a											
	multi-purpose room.											
	· ·											
	-Hot water temperature of 85 degrees Fahrenheit											
	in the sink of the wom	nen's 2nd second restroom.										
	Interview on 9/3/24 with the Director of Individual											
	Developmental Disability Services revealed:											
	-She would let the Facility Director know about											
	the hot water temperatures in each location that											
	was below 100 and over 116 degrees Fahrenheit.											
	was below 100 and 0	ver 110 degrees i amemien.										
	Internious si 0/4/04	ith the Feelite Disease - Land										
	Interview on 9/4/24 with the Facility Director about											
	the hot water temperatures in client restrooms											
	and in the room with client cubicles revealed:											
	-She would have the temperatures corrected to											
	be within the required	· · · · · · · · · · · · · · · · · · ·										
	1	. 5										

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