		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ATION NUMBER) DATE SURVEY COMPLETED	
		DERTH TO ATOT TO MELLA.	A. BUILDING:				
		MHL0601402	B. WING		10	R)/ 10/2024	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
	ME		CK ROAD LL, NC 28227				
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on October 10, 2024. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Living.						
	This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.						
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are , the temperature of the ined between 100-116					
	water temperatures w 100-116 degrees Fah	as evidenced by: n and interviews, the facility's vere not maintained between nrenheit in areas where to hot water. The findings					
	-The hot water tempe	24 at 4:42pm revealed: erature in Client #1 and #2's oom was 122 degrees K.					
	Attempted interview of unsuccessful as Clier	on 10/8/24 with Client #1 was nt #1 had limited					

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		Ation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION		IDENTIFICATION NOMIDER.	A. BUILDING:		R		
		MHL0601402	B. WING			R / 10/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
EWIS HC	DME		ICK ROAD LL, NC 28227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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) COMPLET DATE	
V 752	Continued From page 1		V 752				
	communication, was only able to repeat certain words and did not respond to questions asked of him.						
	Attempted interview on 10/8/24 with Client #2 was unsuccessful as Client #2 did not respond to questions asked of him.						
	Alternative Family Liv revealed: -He helped Client #1 washing and bathing -He turned the hot w was warm but would way to the left" when needed to wash their -The facility had gotte	ater knob "in the middle" so it "never turn the knob all the Client #1 and Client #2 r hands or bathe. en a new water heater in ry to figure it out (lowering					
	2024.	vealed: le facility starting in June the process for checking the					
	revealed: -"Wasn't aware of pro- temperature being to brought up to me." -The Quarterly Drill S Provider #1 and sub- to monitor the facility month.	with the Program Director evious issues" with the water to high, "no concerns Sheet completed by the AFL mitted to the QP were used 's water temperature each gs to correct with the Division					

STATE FORM

DGMG11

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	A. BUILDING:		R	
MHL0601402	B. WING		10/10/2024	
PPLIER STREE	T ADDRESS, CITY, STATE	, ZIP CODE		
DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	ACTION SHOULD BE COMPLET TO THE APPROPRIATE DATE	
" out there and make sure the water is correct (temperature range of prees Fahrenheit)."	V 752			
	IDENTIFICATION NUMBER: MHL0601402 PPLIER STREE 7621 I	IDENTIFICATION NUMBER: A. BUILDING: MHL0601402 B. WING PPLIER STREET ADDRESS, CITY, STATE 7621 KUCK ROAD MINT HILL, NC 28227 JMMARY STATEMENT OF DEFICIENCIES ID DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ATORY OR LSC IDENTIFYING INFORMATION) V 752 From page 2 V 752 a." t out there and make sure the water bis correct (temperature range of grees Fahrenheit)." V 752	IDENTIFICATION NUMBER: A. BUILDING:	

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