PRINTED: 10/17/2024 FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
		MUI 0004402	D MINO		R <b>10/10/2024</b>
NAME OF PROVIDER OR SUPPLIER STREET ADD		B. WING RESS, CITY, STAT	TE ZIP CODE	1	
TVANIE OF THE	OVIDER OR GOLF EIER	7621 KUCK		2, 211 3352	
LEWIS HO	OME	MINT HILL,			
(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 DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS	;	V 000		
		up survey was completed A deficiency was cited.			
		d for the following service 27G .5600F Supervised Living.			
		d for 2 and has a current yey sample consisted of ents.			
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 nined between 100-116			
	water temperatures v 100-116 degrees Fah	as evidenced by: n and interviews, the facility's were not maintained between nrenheit in areas where to hot water. The findings			
	The hot water tempe	24 at 4:42pm revealed: - rature 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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## Division of Health Service Regulation

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



TITLE Program Director

(X6) DATE 10/28/2024

If continuation sheet 1 of

STATE FORM			6899	DGMG11	3			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
		MHL0601402	B. WING		10/	10/2024		
NAME OF PRO	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
1 514/10 110	7621 KUCK ROAD							
LEWIS HO	LEWIS HOME  MINT HILL, NC 28227							
(X4) ID PREFIX TAG			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			

FORM APPROVED Division of Health Service Regulation V 752 Continued From page 1 communication, was only able to repeat certain V752 Qualified Professional words and did not respond to questions asked of received a photo visual 10/28/2024 confirmation that the water Attempted interview on 10/8/24 with Client #2 was temperature has been unsuccessful as Client #2 did not respond to lowered to 111.9 degrees questions asked of him. Fahrenheit. See Attachment Interviews on 10/8/24 and 10/9/24 with the #1 for photo evidence. Alternative Family Living (AFL) Provider #1 revealed: Preventive Measures: AFL -He helped Client #1 and Client #2 with hand provider will ensure water washing and bathing. temperature stays within -He turned the hot water knob "in the middle" so it required range with was warm but would "never turn the knob all the way to the left" when Client #1 and Client #2 completion of quarterly needed to wash their hands or bathe. water temperature checks. -The facility had gotten a new water heater in March 2024, "...will try to figure it out (lowering Quality Assurance: Abound water temperature)." Health will conduct a quarterly site monitoring Interview on 10/9/24 with the Qualified Professional (QP) revealed: that includes ensuring each -He was the QP of the facility starting in June facility maintains an appropriate range of 110--He was not sure of the process for checking the 116 degrees Fahrenheit. facility's water temperature. Interview on 10/9/24 with the Program Director revealed: -"Wasn't aware of previous issues" with the water temperature being too high, "...no concerns brought up to me." -The Quarterly Drill Sheet completed by the AFL Provider #1 and submitted to the QP were used to monitor the facility's water temperature each month. -The facility had things to correct with the Division of Health Service Regulation (DHSR)

Construction but they	"never mentioned the water				
Division of Health Service Regulation					
STATE FORM		6899	DGMG11	If con	tinuation sheet 2 of 3
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	` '	TE SURVEY MPLETED
	MHL0601402	B. WING		1	R <b>0/10/2024</b>
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
I EWIS HOME	7621 KUCK ROAD				
LEWIS HOME	MINT HILL, NC 28227				

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(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 752	Continued From page 2  temperature."  -"We will get out there and make sure the water temperature is correct (temperature range of 100-116 degrees Fahrenheit)."  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 752		

Division of Health Service Regulation

