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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
701212701	or contraction	IDENTIFICATION NOMBER.	A. BUILDING: _		301111 22 123		
		MHL011-401	B. WING		12/12/2024	4	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE			
NEW YOR	K HOMES 1		TI COURT R, NC 28715				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COM	X5) IPLETE ATE	
V 000	INITIAL COMMENTS		V 000				
	12, 2024. A deficienc						
	category: 10A NCAC Living for Alternative						
		d for 3 and has a current rey sample consisted of ents.					
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 exposed to hot water.	Ity 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 clients were exposed	as evidenced by: and interviews, the facility's vere not maintained between brenheit in areas where to hot water affecting 2 of 2 and #2). The findings are:					
	revealed:	0/24 at 9:15am of the facility erature at the kitchen sink nrenheit (F).					
	Observation on 12/10 shared bathroom reve	n/24 at 9:22am of the client's ealed:					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
			A. BUILDING:			
		MHL011-401	B. WING		12	2/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STAT	E, ZIP CODE		
		11 WAPIT	TI COURT			
NEW YOR	RK HOMES 1	CANDLE	R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 752	Continued From page	÷1	V 752			
	-The hot water tempe the sink and 128 deg	rature was 128 degrees F at rees F at the tub.				
	Attempted interviews with Client #1 and Client #2 on 12/11/24 revealed:					
	-Clients did not respond to the questions asked of them.					
	Interview on 12/10/24 Living (AFL) Provider	with Alternative Family revealed:				
	-Staff observed and assisted the clients wash					
		they bathed to make sure				
		roperly" and that they "did				
	not have red skin or burns."  -Staff "did not check the water " before the clients' washed hands or bathed.  -The clients have "never reported" to him that the water temp was "too hot" while washing hands or while they bathed.  -He had not observed "any burns or red skin" on					
	the clients.	or tamp monthly and				
		facility's monthly checklist. never been over 116				
	degrees FHe would call a plum out, "will call today."	ber to come get it checked				
		with the Vice President of				
	New York Homes rev					
		or came out last week and				
	didn't say anything at hot."	oout it (water temp) being too				
		reported the water temp				
	being too hot, "not the					
		acility were "checked at 2 sually check kitchen sink				
		t sink" and documented				
	monthly on the facility					
	, ,	nd why it (water temp) is				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		MHL011-401	B. WING		12/12/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NEW YOR	K HOMES 1	11 WAPIT				
	OLIMANA DV. OT		R, NC 28715	DDO//DEDIG DLAN OF GODDEGTIO	<u> </u>	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 752	Continued From page	e 2	V 752			
	facility tomorrow (12/ heater. Interview on 12/11/24 Professional revealed -She created a month facility's water tempe					
	each monthThere were "no prior above 116."	water temps reported				
	revealed: -He was "not concerr the facility and was p the county inspector -The county inspecto the water temp being -He "can't control the "just have a plumber	r "didn't say anything about too high." water heater" and would				

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