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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					
			A. BUILDING:							
		MHL0411092	B. WING		12/11/2024					
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE						
ROYALTY CARE 2205 FOREST EDGE DRIVE GREENSBORO, NC 27406										
0/0.15	SHIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N.	0/5)				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE				
V 000	INITIAL COMMENTS		V 000							
	An annual and follow-up survey was completed on December 11, 2024. A deficiency was cited.									
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.									
	<del>-</del>	d for 3 and has a current rey sample consisted of ents.								
V 752	2 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 maintain the 110-116 degrees Fah	as evidenced by:  n and interview, the facility water temperature between renheit in areas where o hot water. The findings								
	pm during a walk thro	24 between 1:09 pm -2:00 ough of the facility revealed: outhroom upstairs, the sink degrees Fahrenheit.								
		with Client #2 revealed: without staff assistance.								

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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:		(X3) DATE SURVEY COMPLETED						
		MHL0411092	B. WING		12/11/2024						
<u> </u>			DRESS, CITY, STATE, ZIP CODE								
ROYALTY	CARE		ST EDGE DRIVE								
GREENSBORO, NC 27406											
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE					
V 752	Continued From page 1		V 752								
	-He had no complaint about the water temperature in the facility.										
	-He had no complaint about the water										

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STATE FORM 6899 YQX811 If continuation sheet 2 of 2