

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/11/2024
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NAME OF PROVIDER OR SUPPLIER

ROYALTY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

2205 FOREST 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS 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. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety. Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the water temperature between 110-116 degrees Fahrenheit in areas where clients are exposed to hot water. The findings are: Observation on 12/9/24 between 1:09 pm -2:00 pm during a walk through of the facility revealed: -In the shared client bathroom upstairs, the sink temperature was 122 degrees Fahrenheit. Interview on 12/5/24 with Client #2 revealed: -He takes his shower without staff assistance.	V 752	④ Hot water was a adjusted by hot water Heater in garage. Staff will continue to check and monitor the water monthly,	12-10-24

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

Royal Purnell

TITLE

Owner / PP

(X6) DATE

12-10-24