PRINTED: 02/26/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/26/2025	
		MHL0601285				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
NREACH	- FALLS CHURCH ROA	D	LS CHURCH ROAD DTTE, NC 28270			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	S PLAN OF CORRECTION (X5) CTIVE ACTION SHOULD BE COMPLE NCED TO THE APPROPRIATE DATE DEFICIENCY)	
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on 2/26/25. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
		ed for 2 and has a current vey sample consisted of ent.				
V 752	27G .0304(b)(4) Hot Water Temperatures		V 752			
	EQUIPMENT (b) Safety: Each fact constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, ipped in a manner that safety of clients, staff and the facility where clients are the temperature of the ained between 100-116				
	failed to maintain wa	ns and interviews, the facility ter temperatures of 100-116 n areas where clients were				
	revealed: -Water temperature i degrees. -Water temperature i tub was 120 degrees	25 in the facility at 1:15pm n the kitchen sink was 132 n the hall bathroom sink and n the master bathroom sink				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601285			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/26/2025	
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(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION (X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLE D THE APPROPRIATE DATE	
V 752	Continued From page 1		V 752			
	Observation on 2/25/25 in the facility at 2:05pm revealed: -The Program Manager/Qualified Professional (QP) checked the water temperature in the kitchen sink and turned down the hot water heater.					
	Attempted interview on 2/25/25 with client #1 was unsuccessful due to her limited communication skills and inability to answer questions related to hot water.					
	Manager revealed: -"I control the water f (hot water) halfway u -Denied problems wi -Kept a water temper temperature monthly	th injuries or burns. rature log and checked the				
	water heater." -There had been no h with he hot water ten -"It (water temperatu (132 degrees)." -"Staff may not be ru when doing the temp -Had adjusted water continue to monitor of	ed: ems with regulating this injuries or burns associated nperature. re) should not be that high nning the water long enough				

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