

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-992</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/24/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VIRINGIA'S GROUP HOME #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3352 RED FOX ROAD</b> <b>SPRING LAKE, NC 28390</b>		
(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	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on April 24, 2025. The complaints were unsubstantiated (Intake #NC00228190 and #NC00228970). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 04/23/25 at appropriately 12:00pm a tour of the facility revealed: -Hot water at the kitchen sink was 122 degrees Fahrenheit. -Hot water in the hall bathroom was 122 degrees Fahrenheit.</p>	V 752		

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

TITLE

(X6) DATE

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V 752	Continued From page 1  Interview on 04/23/25 the Licensee revealed: -The staff at the facility completed hot water checks. -She would have the hot water heater adjusted to ensure the correct water temperature in the facility.	V 752		