PRINTED: 05/12/2025 FORM APPROVED

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: _				
		MHL013-230	B. WING		04/3	80/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
TREAT LIKE FAMILY  11833 GLENWOOD DRIVE  LOCUST, NC 28097							
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS	3	V 000				
	An annual survey wa deficiency was cited.	s completed on 4-30-25. A					
		d for the following service 27G .5600F Supervised Family Living.					
	_	d for 3 and has a current yey sample consisted of ent.					
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are , the temperature of the sined between 100-116					
	reviews, the facility fa water in areas that th	as evidenced by: n, interviews, and record alled to maintain the hot e clients had access to 6 degrees Fahrenheit (F).					
	-Admitted 10-31- -Diagnoses inclu Developmental Disab	ide: Moderate Intellectual bility, Intermittent Explosive d Anxiety Disorder, Scoliosis,					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED	
			A. BUILDING			
			D MINO			
		MHL013-230	B. WING		04/3	0/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		11833 GL	ENWOOD DRIV	E		
TREAT LI	KE FAMILY	LOCUST,	NC 28097			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
			1	DEFICIENCY)		
V 752	Continued From page	2 1	V 752			
	Dysphasia, Depression	on and Stroko				
		d Plan dated 11-1-24				
	_					
	revealed: had a stroke in 2017 that effected left side, he has seizures since the stroke and wears					
	a leg and arm brace.	Since the Stroke and wears				
	a log and ann brace.					
	Observation on 4-30-	25 at approximately 4:30 pm				
	of the hot water temp					
	-Client #1's bathr	oom's left sink was 139				
	degrees b(F), the righ	it sink was 139 degrees (F).				
	-Client's bathtub was 139 degrees (F).					
	-Kitchen sink was	s 128 degrees (F).				
	Interview on 4-30-25 with Client #1 revealed:					
	-He said "no" when asked if the water was					
	too hot.					
	Interview on 4 20 25	with the AEL (Alternative				
	Family Living) provide	with the AFL (Alternative				
	, ,,	sed the bathroom in his				
	room.					
		not go up the stairs because				
	of his difficulty walking	- ·				
		d assistance walking since				
	his stroke in 2017.	3				
	-Client #1 did not	turn on the water and				
	required complete as	sistance to bathe.				
	-Knew the hot wa	ater was not supposed to be				
	above 116 degrees.					
		ow the water got so hot				
	without her noticing it					
		er heater that was "tricky."				
		no incidents with Client #1				
	getting burned.					
	-Sne would adjus	st the hot water immediately.				
	Review on 4-30-25 of	the Plan of Protection				
		the Qualified Professional on				
	4-30-25 revealed:	Saamos i rotoootottat off				

Division of Health Service Regulation

STATE FORM 6899 7HJP11 If continuation sheet 2 of 3

PRINTED: 05/12/2025 FORM APPROVED

Division of Health Service Regulation

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:			OOMBLETED
		A. BUILDING:		COMPLETED
	MHL013-230	B. WING		04/30/2025
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	, , , , , , , , , , , , , , , , , , , ,
TO THE STATE OF SELECT		NWOOD DRIVI		
TREAT LIKE FAMILY	LOCUST, I		_	
PREFIX (EACH DEFICIENCY MU	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 752 Continued From page 2		V 752		
"What immediate action vensure the safety of the condition of the conditio	consumers in your care? after temperature was perature regulations of registering at 110.2 ler) turned the hot water hot water heater. Will e AFL provider provide er temperature for AM erature was also ealth Service Regulation the home (facility).  ake sure the above  Professional) will conduct ure checks and have the ely water checks and also re drills that water temp and noted on fire drill  erving 1 client who has erate Intellectual On 4-30-25 the hot com was 139 degrees cathtub. The kitchen sink is deficiency constitutes or substantial risk of	V 752		

Division of Health Service Regulation

STATE FORM 6899 7HJP11 If continuation sheet 3 of 3