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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ MHL013-230 B. WING 04/30/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11833 GLENWOOD DRIVE TREAT LIKE FAMILY LOCUST, NC 28097 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 RECEIVED An annual survey was completed on 4-30-25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised **DHSR-MH** Licensure Sect Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client. V 752 27G .0304(b)(4) Hot Water Temperatures V 752 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. 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, interviews, and record reviews, the facility failed to maintain the hot water in areas that the clients had access to between 100 and 116 degrees Fahrenheit (F). The findings are: Review on 4-30-25 of Client #1's record revealed: -Admitted 10-31-18. -Diagnoses include: Moderate Intellectual Developmental Disability, Intermittent Explosive Disorder, Generalized Anxiety Disorder, Scoliosis, Hypertension, Strabismus, Microcephaly, Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUP LIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL013-230 04/30/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11833 GLENWOOD DRIVE TREAT LIKE FAMILY LOCUST, NC 28097 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 752 Continued From page 2 V 752 "What immediate action will the facility take to ensure the safety of the consumers in your care? -On 4/302025 the water temperature was adjusted to meet the temperature regulations of 110 and 116 degrees (F) registering at 110.2 degrees. The AFL (provider) turned the hot water temperature down on the hot water heater. Will do weekly checks and the AFL provider provide weekly reports of the water temperature for AM and PM. The water temperature was also recheck by [Division of Health Service Regulation surveyor] before leaving the home (facility). Describe your plans to make sure the above happens. -The QP (Qualified Professional) will conduct quarterly water temperature checks and have the AFL provide submit weekly water checks and also ensure monthly during fire drills that water temp (temperature) is check and noted on fire drill report." The facility is currently serving 1 client who has diagnoses including Moderate Intellectual Developmental Disability. On 4-30-25 the hot water in Client #1's bathroom was 139 degrees (F) in both sinks and his bathtub. The kitchen sink was 128 degrees (F). This deficiency constitutes a Type A2 rule violation for substantial risk of harm and must be corrected within 23 days.

HOT WATER	TEMPERATI	IRF LOG

Month: May	Year: 2035	Site:Treat Like Family
In an		

Instructions:

- Water temperature should be withing 110-116 degrees.
- Water temperature is to be checked 2 times per week.
- > Copy of the weekly water temperature is to be submitted to QP weekly.
- Water temperature should be checked in the sink and the bathtub.

DAY OF MONTH	TIME	TEMP	TIME	TEMP	INITIALS
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514	7:09iin 7:27a	1147	115.9 To	116.3	20
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han 116 degrees.

HOT WATER TEMPERATURE LOG

Month: May Year: 2025

Site: __Treat Like Family__

Instructions:

- > Water temperature should be withing 110-116 degrees.
- > Water temperature is to be checked 2 times per week.
- > Copy of the weekly water temperature is to be submitted to QP weekly.
- > Water temperature should be checked in the sink and the bathtub.

				515	22	70,	HINOW	DAY OF
				7.0201	ال ککمی	0.07 am		TIME
				110.6	1139	1164		TEMP
					7:04p	8.300		TIME
					113.6	110		TEMP
			•		1000	122		INIIIALS
					7.03am 114.6	11. 23am 1136	7.03am 1164 7.03am 1136	512 9:07 am 1164 8:320 1126 COS

HOT WATER TEMPERATURE LOG

Month:	Year:	Site: <u>Treat Like Family</u>
Instructions:		

- Water temperature should be withing 110-116 degrees.
- > Water temperature is to be checked 2 times per week.
- > Copy of the weekly water temperature is to be submitted to QP weekly.
- > Water temperature should be checked in the sink and the bathtub.

DATE	TIME	RIGHT	LEFT	BATHTUB	KITCHEN	INITIALS
		BATHROOM	BATHROOM	TEMP	TEMP	
		SINK TEMP	SINK TEMP			
						•
f 11		io bolovi 110 m				

^{*}If the water temperature is below 110-please adjust the water temperature to be no higher than 116 degrees.

 $^{^{\}star}$ If the water temperature is above 116-pease adjust the water temperature to be no lower than 110 degrees.