

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/19/2026
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NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
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V 000 INITIAL COMMENTS

V 000

An annual and follow up survey was completed on 3/19/26. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.

This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.

V 108 27G .0202 (F-I) Personnel Requirements

V 108

10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

(f) Continuing education shall be documented.
(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:

- (1) general organizational orientation;
- (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;
- (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and
- (4) training in infectious diseases and bloodborne pathogens.

(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.

RECEIVED

APR 23 2026

DHSR-MH Licensure Sect

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



TITLE
QP

(X6) DATE
4/10/2026

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 3 staff (#1) was trained on client rights and confidentiality, 1 of 3 staff (the Director) was trained on confidentiality, and 2 of 3 staff (#1 & the Director) were currently trained on cardiopulmonary resuscitation (CPR) and first aid techniques. The findings are:</p> <p>Review on 3/18/26 staff #1's record revealed:</p> <ul style="list-style-type: none"> - Hired: 5/10/14 - Title: Habilitation Technician - no documentation of client rights or confidentiality training - CPR/First Aid training from the American Safety & Health Institute dated 11/3/23 with an expiration date of 11/2025 - no documentation of an updated CPR/First Aid training <p>Review on 3/18/26 the Director's record revealed:</p> <ul style="list-style-type: none"> - Hired: 3/4/03 - no documentation of training in confidentiality - CPR/First Aid training from American Red Cross dated 8/17/23 with an expiration date of 8/17/25 - no documentation of an updated CPR/First Aid training 	V 108	<p>Administrator and staff will locate and schedule trainer and training for client rights, confidentiality, and CPR. Administrator will keep log of training schedule and times to renew, annually or as needed/scheduled.</p>	5/18/2026

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V 108	Continued From page 2 Interview on 3/18/26 staff #1 reported: - she received CPR training and a lot of other trainings but couldn't think of all of them - the Director would let her know when her trainings were due - she was up to date on her trainings Interview on 3/18/26 the Director reported: - she also worked direct care and filled in for staff #1 when she needed to take off - the last time she filled in for staff #1 was January 2026 - she was responsible for scheduling trainings - the CPR trainer was out of the country this past December 2025 and had not called the Director back - she forgot to call the trainer back because she "gets so busy"	V 108		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan;	V 113		

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V 113	<p>Continued From page 3</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a complete client record affecting 3 of 3 audited clients (#1, #2, #3). The findings are:</p> <p>Review on 3/18/26 client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted: 7/21/14 - diagnoses: Bipolar Disorder, Mild Intellectual Disability (IDD), Vitamin D Deficiency, 	V 113	<p>QP will ensure that client files/records are maintained in a complete manner. QP will ensure that all treatment plans are complete and documented with all necessary signatures. QP will ensure treatment plans are completed annually or as needed.</p>	5/18/2026

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V 113	<p>Continued From page 4</p> <p>Hyperlipidemia, Hypertension, Tremors, and Urinary Incontinence</p> <ul style="list-style-type: none"> - no documentation of an updated treatment plan in the client record <p>Review on 3/18/26 client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted: 9/21/23 - diagnoses: Mild Cognitive Deficit and Schizoaffective Disorder - no documentation of an updated treatment plan in the client record <p>Review on 3/18/26 client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/1/10 - diagnoses: Bipolar Disorder, Autistic Disorder, Mild IDD, Major Depressive Disorder, single episode unspecified - no documentation of an updated treatment plan in the client record <p>Interview on 3/18/26 staff #1 reported:</p> <ul style="list-style-type: none"> - she used whatever plans were in the client's charts for their goals - the Qualified Professional (QP) talked to her about the client's goals when she visited the facility <p>Interview on 3/18/26 the Director reported:</p> <ul style="list-style-type: none"> - the QP was responsible for completing the treatment plans - she didn't know why they hadn't been updated - she was discussing it with the QP yesterday, 3/17/26, about setting a date for the treatment plans to be completed - the QP emailed the legal guardians yesterday, 3/17/26 to set up a date <p>Interview on 3/18/26 the QP reported:</p> <ul style="list-style-type: none"> - she was responsible for completing treatment 	V 113		
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V 113	Continued From page 5 plans - the Director may have "misspoke" because she told her that she had the updated plans, just not in the client's charts - the QP took them out of the chart to change them to a new format yesterday, 3/17/26 - she was out of town and did not "physically" have the treatment plans with her - the treatment plans she took out of the charts had the guardian signatures	V 113		
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V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		
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V 118	<p>Continued From page 6</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 3 audited staff (the Director) was trained by a licensed person to administer medications. The findings are:</p> <p>Review on 3/18/26 the Director's record revealed:</p> <ul style="list-style-type: none"> - Hired: 3/4/03 - nursing license that expired 7/31/12 - no documentation of a medication administration training <p>Interview on 3/19/26 the Director reported:</p> <ul style="list-style-type: none"> - she filled in for the staff #1 when she needed time off - she administered medications to the clients when she worked as a fill-in for staff #1 - the last time she filled in was January 2026 - she was a registered nurse - she had not had an active nursing license since 2012 - "once a nurse, always a nurse" - she had never been told that she needed medication training since she was a nurse - this was her first time being told this - she wasn't "wasting" the money renewing her license because she was not going to actively work as a nurse anymore 	V 118	<p>Administrator will ensure that she has a refresher course on medication administration from qualified RN. Administrator will continue to have training annually as long as she is filling in for staff.</p>	5/18/2026

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V 536	Continued From page 7	V 536		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536	<p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	

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V 536	Continued From page 8 (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence	V 536		
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V 536	Continued From page 9 by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name.	V 536		

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V 536	<p>Continued From page 10</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 2 of 3 staff (#1 & the Director) had formal refresher training, a minimum of annually, on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 3/18/26 staff #1's record revealed:</p> <ul style="list-style-type: none"> - Hired: 5/10/14 - Title: Habilitation Technician - a certificate from the National Crisis Intervention (NCI) Plus with an expiration date of 1/8/26 - no documentation of an updated alternatives to restrictive interventions training <p>Review on 3/18/26 the Director's record revealed:</p> <ul style="list-style-type: none"> - Hired: 3/4/03 - a certificate from the National Crisis 	V 536	<p>Administrator will search for state approved trainer and schedule refresher NCI Plus/EBPI training for both she and staff. Administrator will ensure that she and staff are trained, annually thereafter.</p>	5/18/2026
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V 536	<p>Continued From page 11</p> <p>Intervention Plus with an expiration date of 1/8/26</p> <ul style="list-style-type: none"> - no documentation of an updated alternatives to restrictive interventions training <p>Interview on 3/18/26 staff #1 reported:</p> <ul style="list-style-type: none"> - she received NCI+ training - the Director would let her know when her trainings were due - she was up to date on her trainings <p>Interview on 3/18/26 the Director reported:</p> <ul style="list-style-type: none"> - she also worked direct care and filled in for staff #1 when she needed to take time off - the last time she filled in for staff #1 was January 2026 - she was responsible for scheduling trainings - had been calling the trainer since January 2026 - the trainer didn't have time because the previous staff left and the trainer was looking for a replacement - no trainers were calling her back - she needed to call "it just slipped my mind" 	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 3/18/26 at approximately</p>	V 736	<p>Facility will purchase light bulbs and other materials needed to complete the home maintenance. Administrator will employ maintenance staff to repair and paint ceiling in client room. Staff and QP will continue to observe and alert facility Administrator when repairs are needed.</p>	5/18/2026

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V 736	<p>Continued From page 12</p> <p>10:45am revealed:</p> <ul style="list-style-type: none"> - client #4's ceiling fan had 1 out of 3 lightbulbs not working - client #4 had an area shaped like a square behind the doorknob that had white spackle different from the color of the wall - client #5's bathroom in her bedroom had 1 out of 2 lightbulbs that was missing a cover - client #5's bathroom had multiple round brown and black spots on the ceiling covering more than half the ceiling <p>Interview on 3/18/26 client #5 reported:</p> <ul style="list-style-type: none"> - she didn't remember how the stains got on the bathroom ceiling <p>Interview on 3/18/26 staff #1 reported:</p> <ul style="list-style-type: none"> - she didn't know who the repair person was for the facility - she reported things to the Director's husband and he fixed some things - not sure how long the stains had been on client #5's bathroom ceiling - it hadn't been there as long as she worked at the facility - didn't know how the stains got there <p>Interview on 3/18/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she did notice the stains on client #5's bathroom ceiling, and she and the Director had spoken about that before - the Director would be the one to take care of that and get maintenance to look at it - she verbally let the Director know of any environmental concerns when she saw them <p>Interview on 3/19/26 the Director reported:</p> <ul style="list-style-type: none"> - her husband did some repairs around the facility 	V 736		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/19/2026
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NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
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V 736	Continued From page 13 - she was not sure how the stains got on client #5's bathroom ceiling but it looked "like a leak or something" - her husband would look into other repairs in the facility that needed to be done	V 736		
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 record review, interview and observation, the facility failed to ensure the temperature of the hot water was maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 3/18/26 at approximately 10:45am of the facility's hot water temperatures revealed: - hallway bathtub's hot water was 130.1 degrees Fahrenheit - client #5's bathroom shower was 131.9 degrees Fahrenheit Review on 3/18/26 of the facility's water temperature readings from February 2025 - February 2026 revealed: - Hot water temperatures were checked and	V 752	Administrator and QP implemented daily, weekly, bi-monthly, and monthly water temperature checks. Facility has added additional faucets upon each check for thoroughness. Staff will alert maintenance, administrator, and QP of any water temperatures not maintained between 100-116 degrees. QP will check periodically upon visits to the home. Facility will continue to maintain water temperature checks as ordered.	4/11/2026

Division of Health Service Regulation

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V 752	<p>Continued From page 14</p> <p>readings ranged from 110 - 116 degrees Fahrenheit during various months of the year</p> <p>Interview on 3/18/26 client #1 reported:</p> <ul style="list-style-type: none"> - the hot water temperature was "fine" as far as she could tell when she showered - never any complaints about the water being too hot because you could "adjust it" <p>Interview on 3/18/26 client #2 reported:</p> <ul style="list-style-type: none"> - the hot water was "perfect" - no complaints about the hot water being too hot because you "can adjust it" the way you wanted it <p>Interview on 3/18/26 client #3 reported:</p> <ul style="list-style-type: none"> - no issues with the hot water - "likes" the temperature of the hot water <p>Interview on 3/18/26 client #5 reported:</p> <ul style="list-style-type: none"> - she had her own bathroom in her bedroom - water was "not too hot" - she adjusted her own water temperature, and it was "never too hot" for her <p>Interview on 3/18/26 staff #1 reported:</p> <ul style="list-style-type: none"> - checked water temperatures weekly - she didn't document it - readings ranged from 112-116 degrees Fahrenheit - she checked all faucets - didn't know there was an issue with the water temperatures - no one had complained about the hot water <p>Interview on 3/18/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - she did not know anything about the hot water being too hot - no one had complained about the water being 	V 752		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/19/2026
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NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
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V 752	<p>Continued From page 15</p> <p>too hot</p> <ul style="list-style-type: none"> - she normally checked the hot water at least monthly during her visit in the bathroom and kitchen sinks <p>Interview on 3/18/26 the Director reported:</p> <ul style="list-style-type: none"> - her husband adjusted the water temperature - she would make sure that staff kept track of the water temperature readings - she did not know how the water temperatures read so high <p>Review on 3/18/26 of the Plan of Protection signed by the Director and dated 3/18/26 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ul style="list-style-type: none"> - [the Director's husband] who takes care and help control the water accurate temp. (temperature) will be notified asap (as soon as possible) so he will come and bring the water temp to normal & desired temp. <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - [the Director's husband] will frequently check the water temp. and adjust when required." <p>This facility served clients with diagnoses of Autism, Bipolar Disorder, Mild Intellectual Disability, Major Depressive Disorder, Mild Cognitive Deficit, and Schizoaffective Disorder. The hot water temperatures on 3/18/26 in the hallway bathroom and client #5's bathroom in her bedroom ranged from 130 degrees Fahrenheit to 131.9 degrees Fahrenheit at water sources utilized by clients. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.</p>	V 752		
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Division of Health Service Regulation

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