STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001151	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTWAY FAMILY CARE	108 EASTWAY LANE GRAHAM, NC 27253

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey on October 3, 2023.	C 000		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (F) to a maximum of 116 degrees F for 2 of 2 fixtures sampled that were readily accessible and used by residents with hot water temperatures ranging from 118 degrees to 120 degrees F. The findings are: Review of the facility's current license effective 01/01/23 revealed the facility was licensed for a capacity of up to 6 ambulatory residents. Review of the facility's current resident list provided on 10/03/23 revealed the facility's current census was 4 residents. Observation of the hot water temperatures in the shared entry bathroom on 10/03/23 at 8:45am revealed: -The hot water temperature in the sink was 118	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001151	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTWAY FAMILY CARE	108 EASTWAY LANE GRAHAM, NC 27253

(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
C 105	Continued From page 1	C 105		

degrees F with no visible steam.
-The hot water temperature in the tub was 118 degrees F with no visible steam.
-There were no caution signs posted for the hot water temperatures.
-The Supervisor In Charge (SIC) was present at the time of the hot water check.

Review of monthly water temperature log from 01/15/23 through 09/14/23 revealed there was documentation that hot water temperatures were checked in the shared entry bathroom with readings of 116 degrees F and 125 degrees F.

Interview with a resident that utilized the entry bathroom on 10/03/23 at 11:45am revealed:
-She used the bathroom frequently to wash her hands.
-She had never been burned by the water at the facility.
-She adjusted the water temperature as needed.

Interview with the SIC on 10/03/23 at 9:10am revealed:
-Hot water temperatures were checked monthly and placed on the log.
-The hot water in the entry bathroom ran between 116 degrees F and 120 degrees F.
-She was not aware of what the hot water temperature should be.
-There was a problem awhile back with the water being too cold and they made an adjustment.
-She did not adjust the water temperatures.

Telephone interview with the maintenance staff on 10/03/23 at 10:04am revealed:
-He would come to adjust the water heater when someone from the facility called him.
-If he could not get there, he would instruct the facility staff on how to adjust the temperature of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001151	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTWAY FAMILY CARE	108 EASTWAY LANE GRAHAM, NC 27253

(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
C 105	Continued From page 2	C 105		

the water.
-The water heater was on the carport, and the water would run hotter during the summer months.
-He had not been to the facility monthly to adjust the hot water temperatures.
-He told the SIC how to adjust the hot water temperature today.

Interview with the Administrator on 10/03/23 at 9:20am revealed:
-She was aware the hot water temperatures should range from 116 degrees F to 110 degrees F.
-There were two water heaters in the facility.
-The water heater in the carport controlled the front of the facility that included that entry bathroom.
-The hot water temperature was elevated when the Adult Home Specialist (AHS) visited last.
-Maintenance staff made an adjustment.
-Maintenance staff visited monthly to adjust the hot water temperature.
-She did not recheck the temperature after the adjustment was made.
-She would post a sign in the entry bathroom to not use the sink until the hot water temperature could be adjusted.
-She placed a call to the plumber the facility utilized and he would come to the facility on 10/04/23.