

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 Report of Construction Section Biennial Survey by Suzanna Fay conducted on May 14, 2025. Records indicate that this facility was first licensed on November 1, 1954. The facility is licensed for 32 beds. Based on this information, the facility was surveyed using the applicable portions of the current 2005 Rules for Adult Care Homes of Seven or More Beds which requires all existing facilities to meet at least the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm. Deficiencies were cited which will require a Plan of Correction [POC].	C 000		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that all storage rooms and closets containing cleaning agents, bleaches and other substances which may be hazardous if ingested, inhaled or handled were not kept locked. Findings on May 14, 2025: a. Hopper Room - cleaning agents were stored in this room and the door was not locked at the time	C 143	<i>*Tag C143*</i> All storage closets and rooms containing hazardous substances shall be locked at all times. 5/14/25 Locks will be monitored and checked throughout the shifts	

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

TITLE

(X6) DATE

Sherry Jackson 6/13/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 143	Continued From page 1 of survey. This was corrected at the time of survey. b. Med Room - the door was not locked and several medication packages were observed on a shelf in the room. This was locked at the time of survey.	C 143		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on May 14, 2025: a. Front Gazebo - several of the rail spindles have broken out and are laying on the gazebo floor. b. There is a section of the exterior soffit falling out at the back of the North Wing near the fire wall. This allows pests to enter the facility. c. Back of North Wing - there are two sections of the exterior soffit popping out of the trim leaving gaps in the exterior soffit for pests to enter. d. Outside wall at Office - the end cap of the brick wall has broken off and there is no flashing to protect the brick from moisture. There is a green growth at the top of the wall at the back side. e. South Hall exit - there are two broken chairs	C 160	<i>*Tag C160*</i> Front gazebo spindles, falling exterior soffit on back of north wing near fall wall, two sections of exterior soffit popping out of trim, endcap of brick wall that has broken off shall be repaired Two broken chairs and a window screen dumped beside ram on South hall exit have been removed	6/27/25 5/14/25

Sherry Jacobs 6/13/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 160	Continued From page 2 and a window screen dumped beside the ramp.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings and floors were not kept clean and in good repair. Findings on May 14, 2025: a. There was a pattern of exhaust fans with accumulations of dust on the grille. b. Kitchen - there are approximately twenty-two missing, chipped or broken floor tiles in front of the cabinets on the right wall.	C 164	<i>*Tag C 164*</i> Pattern of exhaust fans with accumulations of dust on grille shall be cleaned and 22 missing, chipped and broken tiles in the Kitchen shall be repaired/replaced.	6/27/25
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166	<i>*Tag C 166*</i> All oxygen bottles will be restrained and stored to prevent them from tipping over in storage closet	6/27/25

Sherry Jan
6/13/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 166	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on May 14, 2025: a. Oxygen Storage - there were approximately nineteen small oxygen bottles sitting, unsecured, on the floor of the room. b. Oxygen Storage - there were four tall oxygen bottles in a shallow plastic crate without any means of restraint to prevent them from tipping over.	C 166		
C 167	Housekeeping- Supply Soap, Clean Towels SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide a supply of clean towels for hand drying at the bathroom sinks. Findings on May 14, 2025: a. All of the paper towel dispensers have been removed from the bathroom walls.	C 167	<u>*Tag C167*</u> All bathroom sinks shall have a proper hand drying machine or supplies,	6/27/25

Shenja
6/13/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility was not conducting quarterly fire rehearsals on each shift and did not provide a short description of what the rehearsal involved. Findings on May 14, 2025: a. The facility operates on two shifts. There was not a record of a fire rehearsal on the second shift of the first quarter of 2025. b. There was not a record of a fire rehearsal conducted on the first shift of the third quarter of 2024. c. There was not a record of a fire rehearsal conducted on the first shift of the fourth quarter of 2025.	C 185	<i>*Tag C 185*</i> <i>Two fire drills/rehearsals were conducted on both shifts. Each quarter shall have a fire drill for both shifts (2 total)</i>	<i>5/15/25</i>	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189			

Sherry fur 6/13/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 189	Continued From page 5 (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Open light sockets can cause injury if a resident touched the opening with wet hands. Findings on May 14, 2025: a. Bath by Room 14 - there is an open socket at the light fixture above the sink. 2. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on May 14, 2025: a. Bath by Room 14 - the toilet is not secure to the floor. This was corrected at the time of survey. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on May 14, 2025: a. North Wing - the exit sign on the right side of	C 189	*Tag C 189* Bathroom by room 14 that has an open socket at light fixture shall be repaired Toilet by Room 14 shall be secured to the floor. North wing fire exit sign on the right front side of the Firewall shall be repaired. (Battery Replaced) Laundry exhaust openings not being used leaving a hole in the wall shall be repaired.	6/27/25 6/27/25 5/14/25 5/14/25

Shen far 6/13/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 189	Continued From page 6 the fire wall did not illuminate on test. 4. Observations revealed that the building was not maintained in a safe and operation condition. Openings in exterior walls allows for pests and/or the elements to enter the facility. Findings on May 14, 2025: a. Laundry - one of two of the dryer exhaust openings were not in use leaving a hole in the wall. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on May 14, 2025: a. Women's Half Bath - the door is rubbing on the frame and does not close without excessive force. b. Half Bath by Room 5 - the door is swollen and does not close and latch. c. Bathroom by Oxygen Storage - the door is swollen and does not close. d. Room 17 - the door is rubbing and requires excessive force to close and latch. 6. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Sinks securely mounted to maintain seal prevents water leaks and falls if the sink is not properly supported. Findings on May 14, 2025: a. Women's Half Bath - the sink is not secure to the wall.	C 189	<u>*Tag C189 Continued*</u> Woman's 1/2 bath door rubbing frame that will not close without force repaired 1/2 bath by room 5 door swollen and does not close and latch, repaired Bathroom by oxygen storage swollen and will not close, repaired Room 17, door is rubbing requiring excessive force to close and latch. Repaired. Women's half bath sink is not secure to the wall shall be repaired.	5/14/25 5/14/25 5/14/25 6/27/25

Shen far 6/13/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 189	Continued From page 7 b. Women's Half Bath - there was no hot water available at the sink. 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on May 14, 2025: a. There was a layer of dust on the sprinkler head outside of Room 3. 8. Based on observation there is a failure to install plumbing piping, plumbing devices and equipment in a safe manner or in operating condition. The discharge from the water heater relief valve shall be piped full size and terminate less than 6 inches above the adjacent ground surface using an acceptable material. Failure to maintain or install piping, plumbing devices and equipment in a safe manner or in operating condition could injure occupants of the facility if the relief valve discharged. Findings on May 14, 2025: a. Half Bath by Room 5 - the pressure relief valve on the water heater was not piped. 9. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Clogged sinks allow for contaminated water to collect. Findings on May 14, 2025: a. Shower Bath by Room 7 - the sink is draining at a very slow rate.	C 189	<i>*Tag C189, continued*</i> Women's half bath no hot water available at sink shall be repaired. Layer of dust on sprinkler head outside room 3 cleaned. Half bath by room 5, Pressure relief valve on the water heater is not piped shall be repaired. Shower Bath by room 7 sink draining at a very slow rate shall be repaired	6/27/25 5/14/25 6/27/25 6/27/25

Sheyfan
6/13/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 189	Continued From page 8 10. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on May 14, 2025: a. Staff were not conducting and recording monthly in-house checks of the fire extinguishers. b. Staff were not conducting and recording monthly in-house checks for the kitchen hood suppression system. 11. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function properly during a fire. Findings on May 14, 2025: a. North Hall - the door hardware plate on the fire doors was missing screws making the hardware loose.	C 189	*Tag C 189 continued* Staff not conducting and recording monthly in house Checks of fire extinguishers. Staff not conducting and recording monthly in house Checks for the kitchen hood suppression system. In house checks will be completed monthly on fire extinguishers and the kitchen hood suppression system. North hall, door hardware plate on fire doors missing screws making hardware loose shall be repaired.	6/27/25
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. 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	C 195		6/27/25

Shou far
6/13/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal002008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER FAITH ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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 195	Continued From page 9 F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing, the hot water system was not maintained between 100 and 116 degrees Fahrenheit at all fixtures used by residents. Findings on May 14, 2025: a. Half Bath by Room 5 - the water temperature at the sink was 125 degrees Fahrenheit. b. Shower Bath by Room 7 - the water temperature at the sink was 125 degrees Fahrenheit.	C 195	<u>*Tag C 195*</u> Half bath by room 5 had a water temp. at the sink of 125°F and shower bath by room 7 had a water temp. of 125°F, both were adjusted 5/14/25 and checked at 5:30pm at 108°F <i>Sherry Jackson</i> 6/13/2025	5/14/25