## PRINTED: 03/06/2020 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018037			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		03/04/2020		
IAME OF PR	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE JTH MAIN STREET	, ZIP CODE		
PARK LAN	E		N, NC 28658			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE	
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on March 4, 2020. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
V 114	27G .0207 Emergeno	cy Plans and Supplies	V 114			
	<ul> <li>AND SUPPLIES</li> <li>(a) A written fire plan area-wide disaster plas shall be approved by authority.</li> <li>(b) The plan shall be and evacuation proce posted in the facility.</li> <li>(c) Fire and disaster of shall be held at least repeated for each shi under conditions that</li> </ul>	an shall be developed and				
	failed to ensure disas quarterly on each shi Review on 3/3//20 of July 2019 through De	nd record review, the facility ster drills were held at least ft. The findings are: fire and disaster drills from ecember 2019 revealed: f third shift disaster drill				

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		B. WING		03	03/04/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
PARK LAN	IE		JTH MAIN STREET N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE COMPLI O THE APPROPRIATE DATE	
V 114	Continued From page	91	V 114			
	revealed: -she remembered doi in December as she v	ith the House Manager ng a third shift disaster drill vorked that shift. mented the incorrect date				
V 752	EQUIPMENT (b) Safety: Each facil constructed and equip ensures the physical visitors. (4) In areas of t exposed to hot water,	FACILITY DESIGN AND	V 752			
	failed to maintain hot	and interview the facility				
	a.m. of hot water tem	the end of the hallway es Fahrenheit.				
	tend to fluctuate.	ith the Administrator itchen and bathroom did ntenance fix the problem.				

STATE FORM

6899

IDHE11

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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL018037			03/04/2020		
AME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
ARK LANI	E		JTH MAIN STREET				
()(4) ID	SLIMMARY ST		N, NC 28658	PROVIDER'S PLAN C		(20)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED T DEFICIE		CTION SHOULD BE COMPLE D THE APPROPRIATE DATE		

IDHE11