		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 11/23/2021	
		mhl073-036				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE			
VESLEY	AN HEIGHTS GROUI	PHOME	SLEYAN HEIGH RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on November 23, 2021. A deficiency was 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 Emerge	ency Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved l authority. (b) The plan shall be and evacuation pro posted in the facilit (c) Fire and disaster shall be held at lea repeated for each s under conditions the	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted nat simulate fire emergencies. all have basic first aid supplies				
	Based on record re facility failed to con that simulate emer repeated for each s	et as evidenced by: eviews and interviews, the iduct fire drills under conditions gencies at least quarterly and shift. The findings are: 11/23/21 of the facility's fire dril				

5K2L11

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 11/23/2021	
		mhl073-036			11/2		
AME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
	AN HEIGHTS GROUP	205 WES	LEYAN HEIGH	ITS			
/ESLE I	AN REIGHTS GROUP	ROXBOR	O, NC 27573				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF				
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
V 114	Continued From pa	ge 1	V 114				
	-3/26/21- 3rd shift						
	-4/20/21- 1st shift						
	-5/26/21- 1st shift						
	-5/25/21- 3rd shift						
	-6/24/21- 3rd shift						
	-7/27/21- 1st shift						
	-8/23/21- 2nd shift						
	-9/29/21- 3rd shift -10/1/21- 2nd shift						
	-12/26/20- 3rd shift						
	-11/25/20- 2nd shift						
	-There were no fire drills conducted for 2nd shift						
	for the second quar	ter of 2021.					
	Record review on 1	1/23/21 of the facility's					
	disaster drill log revealed:						
	-1/19/21-2nd shift						
	-2/21/21- 2nd shift						
	-3/18/21- 1st shift						
	-4/24/21- 2nd shift						
	-5/29/21- 2nd shift -6/26/21- 2nd shift						
	-7/7/21- 2nd shift						
	-8/21/21-2nd shift						
	-9/29/21- 3rd shift						
	-10/20/21- 2nd shift	t					
	-12/26/20- 3rd shift						
	-11/25/20- 2nd shift						
		aster drills conducted for 3rd					
	shift for the first qua						
	-There were no disaster drill conducted for 1st and 3rd shift for the second guarter of 2021.						
	-There were no disaster drills conducted for the						
	1st shift for the third						
		21 with the Director of Human					
	Resources reveale						
	-Facility operated u						
		7:00 am to 3:00 pm. Second					
	shin was from 3:00	pm to 11:00 pm. Third shift	1				

PRINTED: 11/23/2021 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		mhl073-036	B. WING		11/	23/2021
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ESLEY	AN HEIGHTS GROUP		SLEYAN HEIGH			
		ROXBOI	RO, NC 27573		0000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE	
V 114	Continued From page 2		V 114			
	disaster drills were -She confirmed sta	ained on when fire and needed to be conducted. ff failed to conduct drills under ulate fire emergencies under				