

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/21/2022
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NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
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(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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 21, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 3/18/22 of facility records from 7/1/21 - 12/31/21 revealed: - 1st quarter (10/01/18- 12/31/18): No fire drills documented on the 3rd shift. - 1st quarter (10/01/18- 12/31/18): No disaster</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	Continued From page 1 drills documented on the 3rd shift. - 2nd quarter (1/01/19- 3/30/19): No fire drills documented on the 1st shift. Interview on 10/18/19 the Group Home Manager stated: - 1st shift was 7:00am- 3pm. - 2nd shift was 3pm- 11pm. - 3rd shift was 11pm- 7am. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interview, the Licensee failed to maintain the facility in a clean and attractive manner. The findings are: Observation on 3/18/22 at approximately 10:15am revealed: - Brown discoloration, approximately 16" in diameter, around ceiling fan in dining area.. - Heavy, dark staining to the beige carpet. - Client #1's room had paint peeling around the doorway upon entry in the bedroom and above the closet.	V 736		

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V 736	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Client #1's bathroom had a door loose at the hinges on the left side of the vanity. There was a crack extending approximately 12-16" to the left of the bathroom upon entry. - There was a used adult undergarment in the floor by the toilet in the hall bathroom. There was no shower curtain on the shower/tub in the middle bathroom. <p>Interview on 3/18/22 the Vice President stated there had been delays with the property owner completing needed repairs.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		