PRINTED: 08/01/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE Co			(X3) DATE SURVEY COMPLETED	
		MIII 050 400	B. WING				
		MHL059-102	B. WING		07	7/28/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
NEBO SU	PERVISED LIVING 2	*	ETERY ROAD NC 28761				
(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	INITIAL COMMENTS		V 000				
	2023. A deficiency w This facility is licensed category: 10A NCAC Living for Adults with The facility is licensed census of 4. The surv	d for the following service 27G .5600C Supervised Developmental Disability. d for 4 and currently has a ey sample consisted of					
V 114	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster coshall be held at least repeated for each shirunder conditions that	y Plans and Supplies 7 EMERGENCY PLANS for each facility and an shall be developed and the appropriate local made available to all staff dures and routes shall be drills in a 24-hour facility	V 114				
	failed to conduct fire a for each shift. The fin Review on 7/28/23 of	ew and interview, the facility and disaster drills quarterly					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	
		MHL059-102	B. WING		07	/28/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
NEBO SU	PERVISED LIVING 2		ETERY ROAD NC 28761				
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 114	-July 2023 - Septemb drillOctober 2022 - Dece fire drillJanuary 2023 - Marc for 1st or 2nd shiftsApril 2023 - June 202 or 2nd shiftsOctober 2022 - Dece disaster drill. Interview on 7/27/23 of Operations and the Harevealed: -There were 2 staff for they work 24 hours on and 2 days offThey were not aware needed to be conductive.	er 2023 - no 2nd shift fire ember 2022 - no 2nd shift ch 2023 - no disaster drills 23 - no disaster drills for 1st ember 2022 - no 2nd shift with the Director of luman Resources Director or the facility. hifts and alternated 3 days e fire and disaster drills ted quarterly for each shift. his was corrected to reflect	V 114				

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