STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		A. BUILDING:		,	R			
MHL092-669		B. WING			09/15/2023			
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ANN'S H	AVEN OF REST		T MILLBRO	OK ROAD				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	An annual and follow up survey was completed on September 15, 2023. Deficiencies were cited. This facility is licensed for the following service							
		C 27G .5600A Supervised						
	This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.							
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114					
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.							
	failed to ensure fire conducted quarterly are:	et as evidenced by: view and interview, the facility and disaster drills were y for each shift. The findings of fire and disaster drills						

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
MHL092-669		B. WING		09/1	5/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ANN'S H	AVEN OF REST		T MILLBROO , NC 27609	OK ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
V 114	During interview on - He lived at the - He didn't practic - "Haven't done of a year ago" - He could not retornado During interview on - He "used" to proper - He could not read a disaster drill - He went outside downstairs and cover to to read on the started worked from 7pm to - She was a fill in - She started worked from 7pm to - The House Marconducting fire and "out on leave" - Fire and disaster a month - The drills were - She could not for logs from 8/1/22 to - The Qualified Fire	It 8/30/23 revealed: No fire or disaster drills y shift 9/14/23 client #1 reported: facility for almost two years ce any disaster drills one in a while. It's been about call what to do if there was a 9/14/23 client #2 reported: actice fire and disaster drills call the last time he practiced eduring a fire, and went ered his head during a 9/14/23 staff #1 reported: a staff rking in the facility in June on to 7pm and her relief staff or 7am ager was responsible for disaster drills, but she was er drills were conducted once documented on a "log" and the fire and disaster drill	V 114	DETICIENCY)		
During interview on 9/15/23 the QP reported: - Fire and disaster drills were conducted once						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-669		` '	` '			(X3) DATE SURVEY COMPLETED R 09/15/2023	
		B. WING					
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
ANN'S H	IAVEN OF REST		T MILLBROC , NC 27609	OK ROAD			
(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 AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 114	a month on every s - Staff was supp of fire and disaster - She could not n "missing" fire and colors - She planned to logs uploaded into up with them During interview on Officer/Chief Finan - The House Ma conducting fire and "on leave" - The clients wer disaster drills - She sent an en 2023 for them to co prepare for hurrical - The facility con fire and disaster dri 2/28/23, but she wa that documentation The facility failed to fire and disaster dri	chift osed to keep "a year's worth" drill logs at the facility recall what happened to the lisaster drill logs have the fire and disaster drill an electronic system to keep 1 9/15/23 the Chief Operational cial Officer reported: nager was responsible for disaster drills, but she was re "lying" about not practicing nail out to her staff in August onduct a disaster drill to ne Idalia ducted and documented the lills between 8/1/22 through as not aware of the request for	V 114				
V 736	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf manner and shall b odor.	d its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736				
		et as evidenced by: ion and interview, the facility					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OATE SURVEY OMPLETED	
			7 t. BOILBII (O.			۲	
MHL092-669		MHL092-669	B. WING		1	09/15/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ANN'S H	AVEN OF REST		T MILLBROO	OK ROAD			
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	, NC 27609	PROVIDER'S PLAN OF CORRECTION	- N	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 3	V 736				
	was not maintained in a safe, clean and attractive manner. The findings are:						
	- Approximately	4/23 at 9:02am revealed: 3 feet of the kitchen floor d back about an ½ inch by the					
	The kitchen sink knob was loose at the base causing the knob to move back and forth when touched Part of the tread, closest to the riser on one of the steps leading down into the basement, was cracked and wobbled when stepped on Multiple large cable cords were extended across the floor of the basement door entrance During interview on 9/14/23 staff #1 reported: She was a fill in staff for the House Manager She started working in the facility in June 2023 She was aware of the loose kitchen sink knob, but she did not know how it happened She did not notice that the tread of a basement step was cracked and wobbled The cords lying on the basement floor were a "trip hazard" and she did not know what the cable cords were used for She was aware of the peeling kitchen floor laminate, and the floor had been like that since she started working in the facility "Damages in the house been like that" The House Manager was responsible for reporting "maintenance issues" to management The House Manager should have put in work orders to the Chief Operational Officer/Chief Financial Officer (COO/CFO) to have the repairs fixed, but she was not sure if the House Manager did She planned to follow up with the COO/CFO about the repairs						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL092-669		B. WING			R 09/15/2023	
NAME OF PROV	VIDER OR SUPPLIER	1016 EAS	DRESS, CITY, S T MILLBROO , NC 27609	STATE, ZIP CODE OK ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
- sul ware mass of the control of th	bmitting work ord as "out on leave" She had not sul anagement since aring interview on She started on She only notice e peeling laminate She "mentioned out a month ago, aring interview on ofessional reporte The facility staff pairs in the facility The COO/CFO erseeing the repa Maintenance we the facility aring interview on corted: She visited the She was respon pairs of the facility She just spent " e facility She just had the she was unawa e basement step, pse sink knob in the the basement	e was responsible for lers since the House Manager bmitted any work orders to she started 9/15/23 staff #2 reported: 8/20/23 d the kitchen sink knob and eduction of the repairs to "someone" but she could not recall who eduction of the facility ould come and fix any issues 9/14/23 the COO/CFO facility "often" insible for overseeing the	V 736				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	SURVEY PLETED		
		MHL092-669	B. WING		R 09/15/2023			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ANN'S H	ANN'S HAVEN OF REST 1016 EAST MILLBROOK ROAD RALEIGH, NC 27609							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		

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