STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:		R	
		MHL092639	B. WING			09/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
BEYOND	MEASURES		UREL LEAF RO N, NC 27597	JAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on 2/9/24. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.					
		sed for 3 and currently has a urvey sample consisted of clients.				
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	failed to ensure dis The findings are:	et as evidenced by: eview and interview the facility aster drills were completed. If the facility's disaster drills				
ision of H	revealed: ealth Service Regulation	,				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL092639	B. WING				
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE				
BEYOND	MEASURES		REL LEAF RO I, NC 27597	DAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 114	<ul> <li>no simulation o 2023 - February 202</li> <li>discussions with were noted</li> <li>Interview on 2/8/24</li> <li>Professional reported</li> <li>Didn't know that disaster drill like sheet</li> <li>The clients kneet</li> <li>talked about it</li> <li>She would start but still talk to them</li> </ul>	f a disaster drill from February 24 h the clients about disaster the Director/Qualified ed: t she had to actually do a e did fire drills w where to go because they t doing actual disaster drills about the disaster stitutes a re-cited deficiency	V 114				
V 768	10A NCAC 27G .03 EQUIPMENT (d) Indoor space re- licensed prior to Oc minimum square fo at that time. Unless Rules, residential fa 1, 1988 shall meet to requirements: (4) In facilities accommodations for such accommodations client bedrooms. This Rule is not me Based on record re- failed to ensure over	view and interview the facility rnight accommodations for clients were separate from	V 768				

QQ6011

Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         MHL092639			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED R 02/09/2024	
		B. WING					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
BEYON	MEASURES		IREL LEAF RO N, NC 27597	DAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 768	• · · · · · · · · · · · · · · · · · · ·	-	V 768				
	<ul> <li>with Staff #1 reveal</li> <li>Client #1 &amp; #2 s</li> <li>2nd bedroom win it</li> <li>3rd bedroom wather and the second seco</li></ul>	shared a bedroom vas staff's office that had a bed at was previously used as a as staff's bedroom available bedroom or bed for a Staff #1 revealed: staff's office was previously the extra bedroom and the ed as an office & 2/9/24 the Director/Qualified ed: room was the bedroom used she didn't have a 3rd client and g one get her license capacity down struction said she needed to s first he renovations that needed to be completed so e her capacity v that she needed to keep that for a client because she was rasn't getting a 3rd client d that she needed the 3rd ble until her license was					

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