Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL098-165	B. WING			R 01/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
MISS DA	ISY'S 1309		OVE STREET NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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 and follow up survey was completed on February 1, 2024. A deficiency was cited.					
	This facility is licensed for the following services category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	The Survey sample current clients.	consisted of audits of 2				
V 114	27G .0207 Emerge	ncy 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 disaste shall be held at lease repeated for each s under conditions th	207 EMERGENCY PLANS in for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be /. r drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. Il have basic first aid supplies				
vision of He	failed to ensure fire at least quarterly ar	et as evidenced by: view and interviews the facility and disaster drills were held nd repeated on each shift at simulate fire emergencies.				
	Review on 2/1/24 o	f facility records for February				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL098-165	B. WING			R 02/01/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
עם פאוי	ISY'S 1309	1309 GR	OVE STREET			
		WILSON	, NC 27893			
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From page 1		V 114			
	 2023 thru January 2024 revealed: Disaster Drills: -No first shift disaster drill for the May 2023 - July 2023 quarter. -No second or third disaster drill for the August 2023 - October 2023 quarter. -No third shift drill for the November 2023 - January 2024 quarter. -No documented disaster drills from 11:40pm - 10:00am. -The time was not documented on the February 2023, April 2023 and May 2023 disaster drills. -There was no documented disaster drill for July 2023 and September 2023. 					
	quarter. -No second shift fire 2023 quarter. -No documented fir 7:00am. -The time was miss April 2023 and May	ill for the May 2023 - July 2023 e drill August 2023 - October e drills from 11:20pm - ing from the February 2023, 2023 fire drill reports. umented September 2023 fire	3			
	Interview on 2/1/24 participated in drills assistance.	client #1 stated he at the facility with staff				
		client #2 stated she went and he liked living there.				
	stated shifts at the f 3:00pm - 11:00pm a per week. She und fire and disaster dri	the Qualified Professional facility were: 7:00am - 3:00pm and 11:00pm - 7:00am 7 days erstood the requirement that lls were to be completed at repeated on each shift under	,			

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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		
					R	
		MHL098-165	B. WING			01/2024
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		
MISS DA	ISY'S 1309		ROVE STREET I, NC 27893			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN C			
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 114	Continued From page 2		V 114			
	conditions that simulate fire emergencies.					
	This deficiency con and must be correc	stitutes a re-cite deficiency ted within 30 days.				