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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			
		MHL0601571	B. WING		03/19/2024			
<u> </u>				TE 7/D 000E	1 00/10/2021			
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	ITE, ZIP CODE				
MONARCH DBA UMAR-CHRIST CHURCH CHARLOTTE, NC 28211								
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE			
V 000	INITIAL COMMENTS		V 000					
	on 3-19-24. The comp (#NC00212511). Defin This facility is licensed category: 10A NCAC Living for Adults with I This facility is licensed	d for the following service 27G 5600C Supervised Developmental Disability. d for six and currently has a						
	audits of three curren	rvey sample consisted of t clients.						
V 114	27G .0207 Emergenc	y 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 that fi	as evidenced by: ew and interview, the facility re and disaster drills were arterly on each shift. The						

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

(X6) DATE TITLE

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		MHL0601571	B. WING		03/19/2024				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6434 THERMAL ROAD CHARLOTTE, NC 28211									
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE				
V 114	Continued From page 1		V 114						
	April 2023 through Ma -One fire drill date shift documentedFive disaster dril all second shiftNo fire drills for 2 2023No disaster drills of 2023 or the first que -No 1st or third si quarter of 2023. Interview on 3-11-24 v -They have not d -He could not ren Interview on 3-19-24 v revealed: -She could not fir other than the ones si	ls dated 11-2023-12-2023, 2nd, 3rd, or 4th quarter of a for the 2nd or third quarter arter of 2024. hift disaster drills for the 4th with Client #1 revealed: one a fire drill "in awhile." hember doing disaster drills. with the Residential Director and any fire and disaster drills							
V 750	drills were conducted	e sure all fire and disaster appropriately in the future. tenance of Elec., Mech., &	V 750						
33	Water Systems 10A NCAC 27G .0304 EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical syisitors.	FACILITY DESIGN AND ity shall be designed, oped in a manner that safety of clients, staff and nechanical and water							

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		MHL0601571	B. WING		03	/19/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE			
MONARC	H DBA UMAR-CHRIST C	HURCH	RMAL ROAD				
	OU MANA DV OT			DDOV/IDEDIO DI ANI O	F CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE COMPLETE DATE		
V 750	Continued From page 2		V 750				
	condition.						
	that electrical, mecha were maintained in or findings are: Interview on 3-11-24 services revealed: -The water at the 1-22-24 and turned b -The water would non payment of the b Interview on 3-11-24 -The house usual -One day there we he didn't take a wasn't any water to take the control of the control o	the facility failed to ensure inical and water systems perating condition. The with employee at city water a facility had been shut off on ack on 1-23-24. In the distribution of the distribution of the condition of the conditio					
	on. -It was a billing is one company to anot	ssue from the transition from					

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STATE FORM STATE FORM 2J2I11 If continuation sheet 3 of 3