PRINTED: 06/04/2024 FORM APPROVED

(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	DENTIFICATION NUMBER:  A. BUILDING:		COMPLETED	
		MHL034-313	B. WING		05/30/2024	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6936 BRIDGEWOOD ROAD  CLEMMONS, NC 27012						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
V 000	INITIAL COMMENTS		V 000			
	on May 30, 2024. A di 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 Disabilities.  d for 3 and has a current ey sample consisted of				
V 114	AND SUPPLIES  (a) A written fire plant area-wide disaster plath shall be approved by authority.  (b) The plan shall be and evacuation proceposted in the facility.  (c) Fire and disaster of shall be held at least of repeated for each shift under conditions that	r EMERGENCY PLANS  for each facility and an shall be developed and the appropriate local made available to all staff dures and routes shall be   Irills in a 24-hour facility	V 114			
		ews and interviews, the ct fire and disaster drills arter. The findings are:				
	alth Service Population					

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED 05/30/2024	
		MHL034-313	B. WING				
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE, ZIP CODE				
FRIENDLY	PEOPLE THAT CARE 3		RIDGEWOOD ROAD ONS, NC 27012				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
V 114		ay 2023 to May 2024, am 3rd shift 5:30am 3rd shift 2pm 2nd shift 5:45pm 2nd shift an 2nd shift an 1st shift me documented an 3rd shift 6:30pm 2nd shift 7:15pm 2nd shift 7:15pm 2nd shift an 2nd shift 1:30pm 1st shift an 2nd shift ast shift	V 114				

-No documentation of 2023 Third Quarter fire drills on third shift

-Fire 4/27/24 at 7am 3rd shift -Fire 4/27/24 at 7am 3rd shift

disaster drills revealed:

-Disaster 4/27/24 at 7:10pm 2nd shift -Disaster 4/29/24 at 7:30pm 2nd shift -Fire 4/29/24 at 7:30pm 2nd shift -Fire 5/1/24 at 6:30am 3rd shift -Disaster 5/1/24 at 6:45am 3rd shift

-No documentation of 2023 Third Quarter

disaster drills on third shift

-No documentation of 2024 First Quarter disaster drills on first shift

Further review on 5/29/24 of the facility's fire and

Interview on 5/29/24 with client #2 revealed:
-No staff had woken him up during sleep hours to conduct a fire or a disaster drill

Division of Health Service Regulation

STATE FORM P1XK11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL034-313	B. WING		05	5/30/2024			
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6936 BRIDGEWOOD ROAD  CLEMMONS, NC 27012								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE			
V 114	-"If there was a real firsheet and pull me out Interview on 5/29/24 v -There were three shi -Had conducted fire a shift only Interview on 5/30/24 v Professional revealed -"[The House Manage ensuring fire and disa as required. [The HM] Medical Leave Act). I were being conducted -Would ensure both fi conducted as required	re, staff would put me on a ."  with staff #1 revealed: fts at the facility nd disaster drills on 2nd  with the Qualified : er (HM)] was responsible for ster drills were conducted   was out on FMLA (Family was promised the drills d"  re and disaster drills were d	V 114						

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