PRINTED: 08/02/2024 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/01/2024	
		MHL011-080				
			ADDRESS, CITY, STATE			
IRST STE	P FARM-WOMEN		E LUTHER COVE F ER, NC 28715	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLET D THE APPROPRIATE DATE	
V 000	INITIAL COMMENTS	3	V 000			
	An annual and follow on 8/1/24. A deficien	v up survey was completed cy was cited.				
	category: 10A NCAC	ed for the following service 5.5600E Supervised Living ance Abuse Dependency.				
	•	ed for 15 and has a current irvey sample consisted of ients.				
V 114	27G .0207 Emergen	cy Plans and Supplies	V 114			
	AND SUPPLIES (a) Each facility shall and a disaster plan a these plans available to the county emerge request. The plans si procedures and route (b) The plans shall b and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh	ency services agencies upon hall include evacuation es. e made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. cted under conditions that response to fire				
	Ith Service Regulation					

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Division of Health Service Regu STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-080	B. WING		08/01/2024	
NAME OF PR	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE			/////////
FIRST STE	P FARM-WOMEN		E LUTHER COVE R ER, NC 28715	COAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 114	failed to ensure fire a at least quarterly and findings are: Review on 7/31/24 or disaster drill logs from 2024 revealed: -July - September 200 disaster drills were co -October - December or 3rd shift fire or dis -January - March 202 fire drill and no 2nd s -April - June 2024 (21 shift fire or disaster d Interviews on 7/31/24 revealed: -fire and disaster drill Interview on 7/31/24 Director/Qualified Pro -the fire and disaster based on 3 shifts, 7:0 p.m 11:00 p.m. and -Residential Manage conducting the drills	as evidenced by: and record review, the facility and disaster drills were held a repeated for each shift. The f the facility's fire and m July 2023 through June 123 (3rd quarter) - no fire or onducted. r 2023 (4th quarter) - no 1st aster drills conducted. 24 (1st quarter) - no 3rd shift shift disaster drill conducted. and quarter) - no 1st or 3rd hrills conducted. 4 with Clients #1, #2 and #3 Is were held once a month. with the Program ofessional revealed: drills were to be conducted 00 a.m 3:00 p.m., 3:00 d 11:00 p.m 7:00 a.m. r was in charge of and she was still in training. ghtened-up" and would	V 114	DEFICIE	NCY)	

Y96X11