

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2024
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NAME OF PROVIDER OR SUPPLIER LIFE-WAY HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 MOORESVILLE ROAD SALISBURY, NC 28147
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(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 10/29/24. The complaint was unsubstantiated (intake #NC00221538). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold fire and disaster drills quarterly for each shift. The findings are:</p> <p>Interview on 10/29/24 with Staff #1 revealed: -Facility staff worked 3 shifts (1st 8:00am - 3:00pm, 2nd 3:00pm - 11:00pm, 3rd 11:00pm - 8:00am).</p> <p>Review on 10/29/24 of the documented fire and disaster drills for the quarter of January 2024 - March 2024 revealed: -No completed fire or disaster drills for any shift during the quarter.</p> <p>Review on 10/29/24 of the documented fire and disaster drills for the quarter of April 2024 - June 2024 revealed: -No completed fire or disaster drills for 2nd or 3rd shifts during the quarter.</p> <p>Interview on 10/29/24 with Client #2 revealed: -He had resided at the facility since it opened in October 2023; -He had participated in fire and disaster drills while at the facility; -He was unable to remember how often fire and disaster drills were completed.</p> <p>Interview on 10/29/24 with the Owner/Director/Qualified Professional revealed: -She was aware that fire and disaster drills were required to be completed quarterly for each shift; -Fire and disaster drills had been completed as required but she was unable to locate the documentation.</p>	V 114		