Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ MHL054-190 B. WING 10/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1510 FARMGATE ROAD OLD FARM HOME KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on October 10. 2024. Deficiencies were cited. This facility is licensed for the following service 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans 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. RECEIVED Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit DHSR-MH Licensure Sect accessible for use.

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

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(X6) DATE

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If continuation sheet 1 of 4

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ MHL054-190 B. WING 10/10/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1510 FARMGATE ROAD OLD FARM HOME KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 114 Continued From page 1 V 114 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are: Review on 10/10/24 of facility fire and disaster drill records revealed: Fire and disaster drills will be 12/9/24 Fire: held on each shift including - No fire drills for 7:00am-3:00pm, 3:00pm-11:pm weekends, at least and 11:00pm-7:00am weekend shifts; No quarterly. The QP and/or 7:00am-10:00am and 11:00pm-7:00am weekday GHM will monitor monthly. fire drills for the October - December 2023 quarter. - No fire drills for 3:00pm-11:00pm and 11:00pm-7:00am weekend shifts; No 7:00am-10:00pm, 3:00pm-11:pm and 4:30pm-9:00pm weekday fire drills for the January- March 2024 quarter. - No fire drills for 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00am weekend shifts for the April-June 2024 guarter... - No fire drills for 7:00am-3:00pm and 3:00pm-11:00pm weekend shifts; No 11:00pm-7:00am weekday fire drills for the July-September 2024 quarter. Disaster: - No disaster drills for 7:00am-3:00pm and 3:00pm-11:00pm weekend shifts; No 7:00am-10:00am and 11:00pm-7:00pm weekday disaster drills for the October- December 2023 quarter. - No disaster drills for the 3:00pm-11:00pm and

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quarter.

11:00pm-7:00am weekend shifts; No

No disaster drills for the 7:00am-3:00pm.

7:00am-10:00am and 3:00pm- 11:00pm weekday disaster drills for the January- March 2024

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
		MHL054-190	B. WING		10/10/2024			
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	7, STATE, ZIP CODE				
OLD FARM HOME 1510 FARMGATE ROAD KINSTON, NC 28504								
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)				
V 114	Continued From page 2		V 114					
	3:00pm-11:00pm an shifts for the April- J - No disaster drills fo 3:00pm-11:00pm we 7:00am weekday dis September 2024 qua	and 11:00p- 7:00am weekend une 2024 quarter. or the 7:00am- 3:00pm and eekend shifts and 11:00pm-saster drill for the July-arter.						
	the facility for severa	4 client #1 stated she lived at all years and she had went out did disaster drills inside the						
	Interview on 10/10/2 stated all clients part disaster drills.	4 the Group Home Manager ticipated in both fire and						
	Interview on 10/10/2- stated: - Shifts are the group 7:00am- 10:00ar 3:00pm- 11:00pm 4:30pm- 9:00pm 11:00pm- 7:00an	n n						
	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and it maintained in a safe, manner and shall be odor.  This Rule is not met Based on observation was not maintained it manner. The findings	EMENTS ts grounds shall be clean, attractive and orderly kept free from offensive as evidenced by: and interviews, the facility a clean and attractive are:	V 736	A thorough cleaning will be done to remove any residue in showers and dust throughout the house. Areas with chipping paint will be painted. Return vent will be repaired or replaced. Missing knobs on Client #2's desk will be replaced. Missing knob on Client #1's dresser will be replaced. QP and GHM will monitor monthly.	12/9/24			
	Observation on 10/10	1/24 between 12:30pm and						

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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		
		MHL054-190	B. WING _		10/10/2024		
NAME OF PROVIDER OR SUPPLIER STREET AD				STATE, ZIP CODE			
OLD FARM HOME 1510 FARMGATE ROAD KINSTON, NC 28504							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE		
V 736	12:50pm of the facil - The hall bathroom between the shower of the side of the wa - Client #2's desk ha missing the left known drawer was missing - The walk in showe the tiles on the show - Client #1 had a dre bottom drawer knob - The return vent in t spots and heavy dus Interview on 10/10/2 acknowledged the th	ity revealed: shower had dark residue in r walls and paint was chipping all. ad a middle drawer that was o on the right side and the first a knob. r had black residue between ver floor. esser with the right side missing. the living room hall had rust st.  4 the Qualified Professional the findings and stated she ity was to be maintained in a	V 736				