If continuation sheet 1 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL024-108 10/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6089 HINSON'S CROSSROADS **ENZOR HOUSE** FAIR BLUFF, NC 28439 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on October 9, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. 11/7/2024 V 114 27G .0207 Emergency Plans and Supplies The Environmental Health & Safety V 114 Director (EHSD) has undated the 10A NCAC 27G .0207 EMERGENCY PLANS CBC-CI drill google form to include AND SUPPLIES weekend shifts. (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of The EHSD will inservice leadership on these plans available this change. Directors will ensure that to the county emergency services agencies upon staff are aware of this change. request. The plans shall include evacuation procedures and routes. Directors will monitor monthly drill (b) The plans shall be made available to all staff submissions to ensure that drills are and evacuation procedures and routes shall be being conducted according to the drill posted in the schedule which includes drills on all facility. shifts (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 RECEIVED emergencies. (d) Each facility shall have a first aid kit OCT 3 1 2024 accessible for use. **DHSR-MH Licensure Sect** Division of Health Service Regulation LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL024-108 10/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6089 HINSON'S CROSSROADS **ENZOR HOUSE** FAIR BLUFF, NC 28439 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE 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 10/8/24 of facility fire and disaster drills from 10/1/23 - 9/30/24 revealed: (Fire Drills) -Quarter 1: 10/01/23 - 12/31/23: No fire drills documented the 1st, 3rd, 4th, and 5th shifts. -Quarter 2: 1/1/24 - 3/31/24: No fire drills documented on the 5th shift. -Quarter 3: 4/1/24 - 6/30/24: No fire drills documented on the 4th, and 5th shifts. -Quarter 4: 7/1/24 - 9/30/24: No fire drills documented on the 2nd, 3rd and 4th shifts. (Disaster Drills) -Quarter 1: 10/01/23 - 12/31/23: No disaster drills documented the 2nd, 4th, and 5th shifts. -Quarter 2: 1/1/24 - 3/31/24: No disaster drills documented on the 5th shift. -Quarter 3: 4/1/24 - 6/30/24: No disaster drills documented on the 4th, and 5th shifts. -Quarter 4: 7/1/24 - 9/30/24: No disaster drills documented on the 3rd and 4th shifts. Interview on 10/8/24 the Program Manager stated the facility shifts were as follows: -1st shift was 8am - 4pm. -2nd shift was 4pm - 11:59pm. -3rd shift was 12am - 8am. -4th shift was weekend shift 8am - 11:59pm. -5th shift was weekend shift 12am - 8am. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

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