Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVE COMPLETED		
		MHL074-245	B. WING		01/0	R 9/2025	
		WITE074-245			1 01/0	9/2025	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
MOORE STREET RESIDENTIAL 406 WEST MOORE STREET GREENVILLE, NC 27834							
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTION SHOULD BE CO			
V 000	INITIAL COMMENTS		V 000				
	on January 9, 2025 This facility is licens	w up survey was completed . A deficiency was cited. sed for the following service C 27G .5600C Supervised					
	Living for Adults wit	h Developmental Disabilities.					
		sed for 3 and currently has a urvey sample consisted of client.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES (a) Each facility sha and a disaster plan these plans availabte to the county emergencedures. The plans procedures and rout (b) The plans shall and evacuation proposted in the facility. (c) Fire and disaster shall be held at least repeated for each some Drills shall be condustimulate the facility' emergencies.	gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be r drills in a 24-hour facility at quarterly and shall be hift.					

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL074-245	B. WING		01/09/2	:025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MOORE STREET RESIDENTIAL 406 WEST MOORE STREET GREENVILLE, NC 27834						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE C	(X5) COMPLETE DATE
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 1/9/25 of the facility's fire and disaster drills for January 2024-December 2024 revealed:					
	second shift weeke -Third quarter of 20 second shift weekd drills documented. -Fourth quarter of 2	2024 April-June; no first or and fire drills documented. 024 July-September; no lay or first shift weekend fire 2024 October-December; no lay and no first or second shift documented.				
	second shift weeke -Second quarter of second shift weeke -Third quarter of 20 second or third shift weekend disaster of -Fourth quarter of 2	24 January-March; no first or and disaster drills documented. 2024 April-June; no first or and disaster drills documented. 224 July-September; no at weekday and first shift drills documented. 2023 October-December; no weekend disaster drills				
	•	v on 1/9/25 with client #1 was he only made sounds when d disaster drills.				
	times per month.	fire and disaster drills 2-3 utside for a fire drill and in the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-245			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING			R 01/09/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MOORE STREET RESIDENTIAL 406 WEST MOORE STREET							
GREENVILLE					ION	()/5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 114	Continued From pa	ge 2	V 114				
	stated: -Shifts at the facility shift), 12 am-9 am (and 8 am-8 pm (firs shift) Saturday-Sun as second shift and during the weekday-Fire and disaster different shift each client #1 participat drills. Interview on 1/9/25 stated: -Fire and disaster don each shift.	Irills were completed on a month. Ted in the fire and disaster the Qualified Professional Irills were completed monthly d work with staff to ensure					

6899

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