

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER GRACE 4 THE YOUTH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 NASH STREET NW WILSON, NC 27896		
(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 October 24, 2024. The complaint was unsubstantiated (intake #NC00222806). 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>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>CORRECTIVE MEASURES</p>	
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.</p> <p>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	<p>27G .0207 Emergency Plans and Supplies</p> <p>Facility has completed a comprehensive fire plan and a disaster plan in accordance with 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES policy.</p> <p>Copies of plans are made available to the county emergency services agencies upon their request.</p> <p>Plan includes: evacuation procedures and routes, plans are accessible and posted in the facility to staff and residents.</p> <p>Fire and disaster drills will be conducted in the facility (quarterly) and repeated for each shift as scheduled.</p> <p>Drills shall simulate realistic responses to fire and disaster emergencies. First aid kits are available for staff.</p>	

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

[Signature] TITLE **Director**

(X6) DATE
11/7/2024

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GRACE 4 THE YOUTH LLC

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WILSON, NC 27896**

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V 114	<p>Continued From page 1</p> <p>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:</p> <p>Review on 10/24/24 of facility records from January 2024 thru September 2024 revealed:</p> <ul style="list-style-type: none"> - No fire drill documented for the weekend shift - 7pm to 7am in the 1st quarter. - No disaster drill documented on 3rd shift in the first quarter. - No fire or disaster drill documented for the weekend shifts or 3rd shift in the 3rd quarter. <p>Interview on 10/24/24 client #2 stated:</p> <ul style="list-style-type: none"> - He was admitted on 02/01/24. - He had participated in fire and disaster drills at the facility. <p>Interview on client #3 stated:</p> <ul style="list-style-type: none"> - He had resided at the facility for approximately 5 months. - He had participated in fire and disaster drills at the facility. <p>Interview on 10/24/24 client #4 stated:</p> <ul style="list-style-type: none"> - He was admitted in February 2024. - He had participated in fire and disaster drills on various shifts. <p>Interview on 10/24/24 the Program Director stated:</p> <ul style="list-style-type: none"> - The facility had 5 shifts. - 7am to 3pm - Monday thru Friday. - 3pm to 11pm - Monday thru Friday. - 11pm to 7am - Monday thru Friday. 	V 114	<p>-Each shift will document fire and disaster drill including weekends</p> <p>-Documentation for drills will be properly filed and readily available upon request to all emergency agencies</p> <p>-All residents and staff will participate in fire and disaster drills at the facility as scheduled based upon 10A NCAC 27G .0207 EMERGENCY LANS AND SUPPLIES policy and guidelines.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 92BE11	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED If continuation sheet 4 of 4
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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: MHL098-213	A. BUILDING: _____ B. WING: _____	COMPLETED 10/24/2024
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V 114	Continued From page 2 - 7am to 7pm - Saturday and Sunday. - 7pm to 7am - Saturday and Sunday. - He understood fire and disaster drills should be conducted quarterly and repeated on each shift.	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 10/24/24 at approximately 11:00am revealed: - Client #1 and client #3's bedroom had brown colored carpet with dark soiled spots in several various areas. The ceiling fan light had 2 of 4 light bulbs that worked. - Client #2 and client #4's bedroom had bits of debris and soiled areas scattered along the brown colored carpet. The walls throughout the room had dark scuff and smudge marks. Client #2's top dresser drawer was missing. - The client bathroom had 2 of 3 lights above the vanity mirror that worked. The floor vent register was rusted. One handle was missing from a drawer. The linoleum had pulled away from the floor near the entrance to the stand up shower. The shower had extremely dark areas of grout on the tile surface of throughout the ceiling and comers. The towel rack was broken.	V 736	27G .0303 Facility Grounds and Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS Facility and grounds have been updated to demonstrate safe, clean, attractive and orderly manner free from offensive odor by correcting the following: Client #1 and Client #3 -Brown colored carpet and dark soiled spots in various areas have been cleaned and appropriately sanitized professionally -All ceiling fan light bulbs have been replaced Client #2 and Client #4 -Debris and soiled areas on carpet has been removed and replaced in accordance with the plan of correction -Scuffs and smudge marks on the wall have been removed -Top dresser drawer has been replaced with new drawer. -All lights in the bathroom have been replaced and updated.	

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		-Floor vents have been upgraded. -Linoleum is being upgraded and replaced. -Shower has been pressure washed along with grout and tile including ceiling and corners. -Broken towel rack is replaced.		
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V 736	Continued From page 3 Interview on 10/24/24 the Program Director stated the carpets had been cleaned in the past. Interview on 10/24/24 the Director stated he would follow up on identified issues.  11/8/24	V 736		

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