		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			B. WING		R		
		MHL012-134		02	02/21/2025		
	COVIDER OR SUPPLIER	721 WE	ADDRESS, CITY, STATE ST UNION STREET	, ZIP CODE			
			NTON, NC 28655				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 000	INITIAL COMMENTS	3	V 000				
	An annual and follow up survey was completed on February 21, 2025. Deficiencies were cited.						
		d for the following service 27G .5600E Supervised Substance Abuse					
		d for 9 and has a current vey sample consisted of ents.					
V 114	27G .0207 Emergend	cy Plans and Supplies	V 114				
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES						
		develop a written fire plan nd shall make a copy of					
	to the county emerge	ncy services agencies upon nall include evacuation					
		e made available to all staff edures and routes shall be					
	(c) Fire and disaster of shall be held at least repeated for each shi	ted under conditions that					
	(d) Each facility shall accessible for use.						
ion of Hea	Ith Service Regulation						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL012-134		B. WING	02	R 02/21/2025	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
LYNN RE			ST UNION STREET			
		MORGA	NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From page	91	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 conducted on each shift at least quarterly. The findings are:					
	Review on 2/20/25 of the facility's fire and disaster drill logs for 1/1/24-12/31/24 revealed: -No documentation of fire drills during the following shifts and quarters: -January - March 2024: 1st shift. -April - June 2024: 2nd shift. -July - September 2024: 1st & 2nd shift. -October - December 2024: 1st & 2nd shift.					
	following shifts and qu -January - March -April - June 202 -July - September	1 2024: 2nd shift.				
	-He had not participation since being admitted	ent of a fire or a tornado at				
	front yard in the even	he facility to the end of the t of a fire. the basement in the event of				
	-Had participated in fi facility. -Staff would press the signaling a fire.	with Client #2 revealed: re and disaster drills at the alarm sound in the facility facility to the end of the front				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	MHL012-134		B. WING		02	R 02/21/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
		721 WES	T UNION STREET				
		MORGA	NTON, NC 28655				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 114	Continued From page	2	V 114				
	-Would go down into a tornado.	the basement in the event of					
	Interview on 2/21/25 with the Night Tech #1 revealed: -On shift at the facility from 5pm to 8am. -Had not done a fire or disaster drill with the clients while on shift.						
	the fire and disaster of -He completed the fire 1st shift and nightshift 2nd shift. -Would trigger the alar signal a fire/emergen -Was not sure where drill logs for 1/1/24-12 -"Definitely done the fat at least quarterly each (Hurricane Helene) it (fire/disaster drill logs -In the future, will kee logs stored in a locke calendar when the driver This deficiency has b	revealed: scheduling and completing drills at the facility. e and disaster drills during t staff completed them on arm sound in the facility to cy. the missing fire and disaster 2/31/24 were. fire drills and disaster drills h shiftduring the storm was hectic and things) might of got missing." p the fire and disaster drill d cabinet and note on his ills need to be completed. een cited 5 times since the t 27, 2015 and must be					
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131				
	REGISTRY (d2) Before hiring hea	LTH CARE PERSONNEL alth care personnel into a service, every employer at a					

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If continuation sheet 3 of 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-134		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		02	R 02/21/2025
OVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
	MORGA	NTON, NC 28655			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
Continued From page 3		V 131			
Personnel Registry a	nd shall note each incident				
Based on record revie facility failed to ensure Registry (HCPR) was employment for 1 of 3 Tech (RT)). The findir	ews and interviews, the e the Health Care Personnel accessed prior to audited staff (Residential ngs are:				
revealed: -Hire date: 11/1/22.					
	with the Executive Director				
prior to employment f -"We have a docume	or new hired employees. nt checklist for every new				
revealed:					
newly hired employee -Had a checklist to us document completion	es. e for new hire employee's				
done."	-				
	ROVIDER OR SUPPLIER COVERY COMMUNITY SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page health care facility sh. Personnel Registry and of access in the appro- facility failed to ensur Registry (HCPR) was employment for 1 of 3 Tech (RT)). The findir Review on 2/21/25 of revealed: -Hire date: 11/1/22. -HCPR accessed: 3/1 Interview on 2/21/25 of revealed: -Hire date: 11/1/25 of revealed: -HCPR accessed: 3/1 Interview on 2/21/25 of revealed: -Was not responsible prior to employment for -"We have a document hire employee, not su Interview on 2/21/25 of revealed: -Accessed the HCPR newly hired employee -Had a checklist to us document completion -"[RT] was a re-hire, I done." -HCPR was accessed	F CORRECTION IDENTIFICATION NUMBER: MHL012-134 MHL012-134 COVIDER OR SUPPLIER STREET A COVERY COMMUNITY 721 WES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) MORGA Continued From page 3 health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. Milestance This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 1 of 3 audited staff (Residential Tech (RT)). The findings are: Review on 2/21/25 of the RT's personnel file revealed: -Hire date: 11/1/22. -HCPR accessed: 3/15/23. Interview on 2/21/25 with the Executive Director revealed: -Was not responsible for accessing the HCPR prior to employment for new hired employees. -"We have a document checklist for every new hire employee, not sure how it got missed." Interview on 2/21/25 with the Finance Director revealed: -Accessed the HCPR prior to employment for newly hired employees. -"We have a document checklist for every new hire employee, not sure how it got missed." Interview on 2/21/25 with the Finance Director revealed: -Accessed the HCPR prior to employment for newly hired employees. -Had a checklist to use for new hire employee's document completion. -"[RT] was a re-hire, I don't know why it was not done."	F CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL012-134 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE COVERY COMMUNITY T21 WEST UNION STREET MORGANTON, NC 28655 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 3 V 131 health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. V 131 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 1 of 3 audited staff (Residential Tech (RT)). The findings are: Review on 2/21/25 of the RT's personnel file revealed: -Hire date: 11/1/22. -HCPR accessed: 3/15/23. Interview on 2/21/25 with the Executive Director revealed: -Was not responsible for accessing the HCPR prior to employment for new hired employees. -"We have a document checklist for every new hire employee, not sure how it got missed." Interview on 2/21/25 with the Finance Director revealed: -Accessed the HCPR prior to employment for newly hired employees. -TWe have a re-line, I don't know why it was not done." -Accessed the HCPR prior to employment for newly hire demployees. -Had a checklist to use for new hire employee's document completion. -"[RT] was a re-hire, I don't know why it was not done." -HCPR was accessed on 3/15/2 for the RT but	F CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL012-134 B. WING COVERY COMMUNITY STREET ADDRESS, CITY, STATE, ZIP CODE COVERY COMMUNITY STREET ADDRESS, CITY, STATE, ZIP CODE COVERY COMMUNITY STREET ADDRESS, CITY, STATE, ZIP CODE COVERY COMMUNITY STREET MORGANTON, NC 28655 SUMMARY STATEMENT OF DEFICIENCIES IND IND PROVIDER'S PLANT COVERY COMMUNITY TAIL STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: NOTOCOMENTION NOT 28655 COVERY COMMUNTY TO PROVIDER'S PLANT COVERY COMMUNTY STREET ADDRESS, CITY, STATE, ZIP CODE COVERY COMMUNTY DEFICIENT WINS TO EDENTIFYING INFORMATION) TO CONTINUES TO TO DEFICIENT (INFORMATION) This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Hea	r CORRECTION INTERCATION NUMBER A BUILDING:

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
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		MHL012-134	B. WING		02	2/21/2025	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE			
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	SUMMARY ST			PROVIDER'S PLAN O	E CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	COMPLET DATE	
V 131	Continued From page	e 4	V 131				
	employment for new	employees.					

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