PRINTED: 03/18/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-009 NAME OF PROVIDER OR SUPPLIER STREET A		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHI 040-009	B. WING		03/07/2025	
		ADDRESS, CITY, STATE, ZIP CODE		03/		
AIR FAX	c	2535 HIG	HWAY 903 SC	DUTH		
		SNOW H	ILL, NC 28580)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPLE	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on March 7, 2025. A deficiency was cited.					
	This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.					
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	 27G .0207 Emergency Plans and Supplies 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. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. 					
	ealth Service Regulation			TITLE		(X6) DATE

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		MHL040-009			03/	03/07/2025
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AIR FAX	K		HWAY 903 SO LL, NC 28580			
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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 3/5/25 of the facility's documented fire and disaster drills for 1/1/24 - 12/30/24 revealed: -First quarter (1/1/24 - 3/31/24); no fifth shift disaster drill documented. -Second quarter (4/1/24 - 6/30/24); no fourth shift fire drill documented. -Third quarter (7/1/24 - 9/30/24); no second shift fire drill documented.					
	Interview on 3/6/25 client #1 stated: -He completed fire and disaster drills. -He was uncertain how often they were completed.					
		client #3 stated: and disaster drills monthly. now often they were				
	Interview on 3/6/25 -He completed fire -He was uncertain h completed.	and disaster drills monthly.				
		staff #1 stated: ith the facility for 2 years. rills were completed quarterly.				
	months.	staff #2 stated: ith the facility for a few rills were completed 2 -3				

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Division of Health Service Reg STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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AIR FA	x		HWAY 903 SC IILL, NC 28580			
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V 114	Continued From page 2		V 114			
	stated: -Fire and disaster d month and all shifts -There were five sh were scheduled to I -Monday - Friday (7 11pm - 7am). -Saturday and Sund 7am). Interview on 12/10/2 stated: -Fire and disaster d and rotated to inclu- -There were five sh were scheduled to I -Monday - Friday (7 11pm - 7am). -Saturday and Sund 7am).	ifts that fire and disaster drills be completed on. 'am - 3pm, 3pm - 11pm, and day (7am - 7pm and 7pm - 24 the Director of Operations rills were completely monthly de each shift. ifts that fire and disaster drills be completed on. 'am - 3pm, 3pm - 11pm, and day (7am - 7pm and 7pm - nat fire and disaster drills were				

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