## PRINTED: 04/10/2025 FORM APPROVED

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL023-154		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
		B. WING		04	04/09/2025	
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
HARLES	ROAD B		HARLES ROAD B (, NC 28152			
(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) COMPLET DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on April 9, 2025. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
		d for 2 and currently has a vey sample consisted of ents.				
V 114	27G .0207 Emergend	cy Plans and Supplies	V 114			
	AND SUPPLIES (a) Each facility shall and a disaster plan a these plans available to the county emerge request. The plans sh procedures and route (b) The plans shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each shi	ency services agencies upon hall include evacuation es. e made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. eted under conditions that response to fire				
	Ith Service Regulation DIRECTOR'S OR PROVIDER/			TITLE		(X6) DATE

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			A. BUILDING:			
	MHL023-154		B. WING		R 04/09/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CHARLES	ROAD B		HARLES ROAD B (, NC 28152			
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V 114	Continued From page 1		V 114			
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete fire and disaster drills quarterly for each shift. The findings are:					
	Review on 4-8-25 of the facility fire and disaster drills from April 2024 to March 2025 revealed: -Fire and disaster drills were not conducted during the second quarter (April 2024 to June 2024) for 1st, 2nd and 3rd shifts. -Fire and disaster drills were not conducted					
	during the third quarter (July 2024 to September 2024) for the 3rd shift. -Fire drills were not conducted during the fourth quarter (October 2024 to December 2024) for the 1st and 3rd shifts. -Disaster drills were not conducted during the					
	for the 2nd and 3rd s -Fire drills were not c	er 2024 to December 2024) hifts. onducted during the first 5 to March 2025) for the 1st				
	-There was a schedu completed.	vith Staff #1 revealed: le for when drills were to be e drill would be documented				
		vith Staff #2 revealed: ssional (QP) was responsible Irills.				
	revealed:	vith the House Manager sible for fire and disaster				
	Interviews on 4-8-25 revealed:	with Client #1 and Client #2				

STATE FORM

CC2011

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-154 NAME OF PROVIDER OR SUPPLIER STREE			(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED R 04/09/2025	
		MUI 023 154	B. WING			
		ADDRESS, CITY, STATE	04	04/09/2025		
			HARLES ROAD B			
CHARLES	ROAD B	SHELBY	(, NC 28152			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE COMPL D THE APPROPRIATE DAT	
V 114	Continued From page 2		V 114			
	-Both stated that they participated in fire drills. -The meet up spot for fire drills was outside and across the small side street.					
	-There was a schedu regards to what type -The schedule would month and shift the fit completed on. -Would delegate the complete the actual of -She and the House they were completed -"It is my fault." (that had not be completed Interview on 4-9-25 w revealed: -The QP was respon and disaster drills we	d: fire and disaster drills. le for each quarter in of disaster drill to complete. be broken down into which ire and disaster should be responsibility to staff to drills. Manager would make sure the fire and disaster drills d and documented) with the Regional Director sible for making sure the fire				
	This deficiency const and must be correcte	titutes a re-cited deficiency ed within 30 days.				

CC2011