STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-155	A. BUILDING: _____ B. WING _____	R 04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES ROAD C	829-1 CHARLES ROAD C SHELBY, NC 28152

(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	INITIAL COMMENTS 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. The facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
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.	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-155	A. BUILDING: _____ B. WING _____	R 04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES ROAD C	829-1 CHARLES ROAD C SHELBY, NC 28152

(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 114	Continued From page 1 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 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 fourth quarter (October 2024 to December 2024) for the 2nd and 3rd shifts. -Fire drills were not conducted during the first quarter (January 2025 to March 2025) for the 1st and 2nd shifts. Interview on 4-8-25 with Staff #1 revealed: -There was a schedule for when drills were to be completed. -Once completed, the drill would be documented and turned in. Interview on 4-8-25 with Staff #2 revealed: -The Qualified Professional (QP) was responsible for fire and disaster drills. Interview on 4-8-25 with the House Manager revealed: -The QP was responsible for fire and disaster drills. Interviews on 4-8-25 with Client #1 and Client #2 revealed: -Both stated that they participated in fire drills. -The meet up spot for fire drills was outside and across the small side street.	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-155	A. BUILDING: _____ B. WING _____	R 04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLES ROAD C	829-1 CHARLES ROAD C SHELBY, NC 28152

(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 114	Continued From page 2 Interview on 4-9-25 with the Qualified Professional revealed: -Was responsible for fire and disaster drills. -There was a schedule for each quarter in regards to what type of disaster drill to complete. -The schedule would be broken down into which month and shift the fire and disaster should be completed on. -Would delegate the responsibility to staff to complete the actual drills. -She and the House Manager would make sure they were completed. -"It is my fault." (that the fire and disaster drills had not be completed and documented) Interview on 4-9-25 with the Regional Director revealed: -The QP was responsible for making sure the fire and disaster drills were completed. -The QP would "schedule and ensure that they (all drills) occur." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		