Division of Health Service Regulation		CONSTRUCTION	(X3) DATE SURVEY						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
, "1D LAIV									
		MHL092-996	B. WING		03/14/2025				
			DDEGG OITY O	TATE ZID CODE					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3105 VICO TERRACE									
INEZ'S HOUSE HC RALEIGH, NC 27610									
		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TON (X5)				
(X4) ID PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE COMPLETE				
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)					
				11. 11. 1	2/2/100				
V 000	INITIAL COMMEN	TS	V 000	INEZS HOUSE HG, L	20 200				
		Morah 14		has a writter fir	1 8/60				
	An annual survey was completed on March 14,			1183 a WITTES	c				
	2025. A deficiency was cited.			and a disaster p	ilan				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised								
				that we are cur	rently				
	Living for Adults w	th Developmental Disability.		utilizing. Itis	import i				
	This facility is licer	sed for 3 and has a current							
census of 2. The survey sample consisted of				that stap member	Save				
	audits of 2 current clients.			11	1				
			V 114	thoroughly trained	10				
V 114 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS			V 114	conduct fire and	dicort -				
	AND SUPPLIES (a) Each facility shall develop a written fire plan			drills on all Shiff	3.				
				INCL'S House HL, LL	ble				
	and a disaster pla these plans availa	n and shall make a copy of	-						
	to the county eme	rgency services agencies upon		provided a copy	gall				
	request. The plan	s shall include evacuation		mi Cara L					
	procedures and re	outes.		Plans for Staff to	(View)				
	(b) The plans sha	II be made available to all staff occedures and routes shall be		as well as condu	of 12-11				
	posted in the	occurros ana reales chamber							
	facility.	5.00		drills. It is No	ted				
	(c) Fire and disas	ter drills in a 24-hour facility ast quarterly and shall be							
	repeated for each	shift.		upon entry of	ETIOME				
	Drills shall be conducted under conditions that simulate the facility's response to fire			upon entry of the	hart				
				as well as illion	5'000				
	emergencies.	hall have a first aid kit		the home the	Safe				
	(d) Each facility shall have a first aid kit accessible for use.			II.					
	accession in			evacuation route	5-70				
			The second secon	Consider Sadite Oan	A				
			Name and Association of the Control	ensure safety and	25.00				
					rime)				
				FOR Clients and 31	riff i				
Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE									
LABORATO!	KT DIKECTORS OR PRO	11. 1 1. 1.	<i>f</i>	3/24/2025					
CTATE EO	PM 7 / CC	we wanten	1UZL11	If continuation sheet 1 of 3					
STATE FO	TXIVI "								

Received by MHL & C 4/16/25

Division of	of Health Service Re	egulation		- SUSTRUCTION	(X3) DATE SURVEY			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COMPLETED			
		MHL092-996	B. WING		03/14/2025			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	ý.			
3105 VICO TERRACE								
INEZ'S H	OUSE HC	RALEIGH	, NC 27610	The second secon	OTION (VE)			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE ROPRIATE DATE			
V 114	Based on record re	et as evidenced by: eview and interviews, the	V 114	INEXS House HG L available first aid	2C have/2/84/98			
	facility failed to ensure disaster drills were done quarterly on each shift. The findings are: Review on 3/14/25 of the facility's disaster drill log from (March 2024-March 2025) revealed: -There was no disaster drill conducted during the			upstails and down the facility for it	Starks of Mmediately			
				availability. 1723	House			
	-There was no dis-	August, September) of 2024. aster drill conducted during the May, June) of 2024.		HC, LLC WILL CONT				
	3/14/25 revealed:	ew clients #1 and #2 on	description of the second of t	Conduct Monthly drills and will en	nsure			
	-They could not be interviewed due to their limited communication skillsBoth clients were nonverbal.		1	that the disaste	v drills			
-	-He worked alone "several" months.	25 with staff #1 revealed: at the facility over the last and disaster drills with the		are conducted que on each shift				
	month and a disa -He wasn't sure w	hould be doing a fire drill each ster drill every 3 months. why he didn't do the disaster		Qualified Profes	sidnes			
	drills every 3 mon -He confirmed the drills were done of	iths for 2024. e facility failed to ensure disaste juarterly on each shift.	r	will follow up my and quarterly to. That all drills a	ensure			
	Professional reverse -She looked at the	e documentation to ensure the		Completed in Stimely Manner ex	the			
	guarterly.	f #1 was doing the disaster drill		timely manner ex	pected.			
	did not always do	Ils were done, however [staff #1 ocument those drills." he facility failed to ensure re done quarterly on each shift.	1		-			

1UZL11

3/24/2025
Inez's House HC, LLC
State Survey
3105 Vico Terrace

Inez's House HC, LLC has a written fire plan and a disaster plan that we are currently utilizing. It is important that staff members are thoroughly trained to conduct fire and disaster drills on all shifts. Inez's House HC, LLC has provided a copy of all plans for staff to review as well as conduct all drills. It is noted upon entry of the home as well as throughout the home the evacuation routes to ensure safety and security at all times for clients and staff. Inez's HC, LLC have available first aid kits upstairs and downstairs of the facility for immediately availability. Inez's House HC, LLC will continue to conduct monthly fire drills and will ensure that the disaster drills are conducted quarterly on each shift. The Administrator and the Qualified Professional will follow up monthly and quarterly to ensure that all drills are completed in the timely manner expected.