

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/10/2025
NAME OF PROVIDER OR SUPPLIER ABHS - 4123 - NORTHFORK		STREET ADDRESS, CITY, STATE, ZIP CODE 4123 NORTHFORK DRIVE LA GRANGE, NC 28551		
(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 10, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 3 clients and currently has a census of 3. The survey sample consisted of audits of 3 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		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>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:</p> <p>Review on 4/10/25 of the facility's documented fire and disaster drills for 4/1/24 - 3/31/25 revealed:</p> <ul style="list-style-type: none"> - Third quarter (10/01/24 - 12/31/24); no 3rd shift fire or disaster drill documented. - Fourth quarter (1/1/24 - 3/31/25); no 3rd shift disaster drill documented. <p>Interview on 4/10/25 client #1 stated:</p> <ul style="list-style-type: none"> - He had participated in fire and disaster drills over the last 6 months. - He went outside and evacuated the house during a fire drill. - He stayed inside and took cover in the hallway during a tornado/hurricane drill. <p>Interview on 4/10/25 staff #1 stated:</p> <ul style="list-style-type: none"> - He had been with the facility for 26 years. - The facility completed fire and disaster drills. <p>Interview on 4/10/25 staff #2 stated:</p> <ul style="list-style-type: none"> - She had been with the facility for 2 years. - Fire and disaster drills were completed monthly <p>Interview on 4/10/25 Qualified Professional (QP) #1 stated:</p> <ul style="list-style-type: none"> - Fire and disaster drills were completed every month and covered every shift. - There were three shifts (7am - 3pm, 3pm - 11pm, and 11pm - 7am). <p>Interview on 4/10/25 QP #2 stated:</p> <ul style="list-style-type: none"> - Fire and disaster drills were completed every month and covered every shift. 	V 114		

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V 114	Continued From page 2 - There were three shifts (7am - 3pm, 3pm - 11pm, and 11pm - 7am). - They would ensure 3rd shift completed fire and disaster drills for every quarter.	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are: Observation on 4/10/25 at approximately 11:00am revealed: - There was pungent odor when entering client #3's room. - Behind client #3's bedroom door there were two dead water bugs under spider webs in the corner. - The hallway had two overhead lights and neither were working. - Bathroom #1 had visible mildew around the base of the shower. extending approximately 2' across to the bottom right. - There was separation between the bathroom tile at the bottom of the shower floor and the paint was peeling from the right side corner of the wall where the shower and wall met. - Client #1's room had popcorn ceiling paint peeling from the left corner of the wall upon entry and extending about 4 - 5' at the top of the wall. - The popcorn ceiling pant was separating at the top left corner in dining/living room, extending to	V 736		

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V 736	Continued From page 3 center peak. Interview on 4/10/25 Qualified Professional #2 stated facility would address the concerns. This deficiency has been cited five times since the original cite on 3/28/18 and must be corrected within 30 days.	V 736			