Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411177				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R		
		B. WING		04/15/2025			
IAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, S				
QUALITY	CARE III, LLC/SHIR	I FY'S HOUSE	NDACE RIDGE BORO, NC 27				
(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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on 4/15/25. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
		sed for 3 and has a current survey sample consisted of clients.					
V 114	27G .0207 Emergency Plans and Supplies		V 114				
	 14 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	DER/SUPPLIER REPRESENTATIVE'S SIG		TITLE		(X6) DATE	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411177	B. WING		R 04/15/2025	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	DRESS, CITY, STATE, ZIP CODE		
QUALITY	CARE III, LLC/SHIRI	FY'S HOUSE	NDACE RIDGE BORO, NC 27			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULI REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE COMPLET	
				DEFICIENC	CY)	
V 114	Continued From page 1		V 114			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:					
	 Review on 4/14/25 of the facility's fire drill log from 4/13/24-3/3/25 revealed: No fire drill was held on third shift during the second quarter (April - June) of 2024 No fire drill was held on third shift during the third quarter (July - September) of 2024 No fire drill was held on third shift during the first quarter (January - March) of 2025 					
	from 4/13/24-3/3/25 - No disaster dril during the third qua 2024 - No disaster dril	of the facility's disaster drill log 5 revealed: I was held on second shift Irter (July - September) of I was held on second shift Iarter (October - December) of				
	 Shifts were as a shift); 4 pm - 12 am am (third shift) There had been held drills as require 	5 with staff #1 revealed: follows: 7 am - 4 pm (first a (second shift) and 12 am - 7 n a time when staff had not ed; however, this had been staff were working towards juired				
	drills as required as	ed: /hy staff had not conducted s staff had been provided with mation as to how and when				

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