

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL071-035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/29/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>A SPECIAL TOUCH II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>305 SOUTH SMITH STREET</b> <b>BURGAW, NC 28425</b>		
(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 29, 2025 A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 4 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 done quarterly on each shift. The findings are:</p> <p>Review on 4/29/25 of the fire and disaster drill log from May 2024 to April 2025 revealed the following months had dates the fire and disaster drills were completed but no time when the fire and disaster drills were completed to be able to determine the shift they were completed on: January 2025 February 2025 March 2025 April 2025 September 2025 October 2024 November 2024 December 2024</p> <p>Interview on 04/29/25 with client #1 revealed: -He had participated in a fire drill by going to the driveway and away from the windows or in the hallway for disaster drills.</p> <p>Interview on 04/29/25 with client #2 revealed: -He participated in Fire and disaster drills.</p> <p>Interview on 04/29/25 with Client #3 revealed: -He participated in fire and disaster drills, but they did not participate in the drills every month.</p> <p>Interview on 4/29/25 with staff #2 revealed: -Fire drills are completed on every shift. The clients meet on the sidewalk for fire drills and in the bathroom or hallway for tornado drills.</p> <p>Interview on 4/29/25 with the Licensee/Residential Counselor revealed:</p>	V 114		

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V 114	Continued From page 2  -The facility fire and disaster log needed to be modified for staff to document the separate times disaster drills and fire drills were conducted. -He planned to start the modified fire and disaster drill log next month (May 2025).	V 114			