Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-088	A. BUILDING: _____ B. WING _____	R 05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISS DAISY'S	203 SPRUCE STREET WILSON, NC 27893

(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 May 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 Disabilities. This facility is licensed for 5 and has a current 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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 114	Continued From page 1 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 under conditions that simulate emergencies. The findings are: Review on 5/9/25 of the facility's documented fire and disaster drills for 4/1/24 - 3/31/25 revealed: - Third quarter (7/1/24 - 9/30/24); no 2nd shift fire drill; no 3rd shift disaster drill documented. - Fourth quarter (10/1/24 - 12/31/24); no 2nd disaster drill documented. - First quarter (1/1/25 - 3/31/25); no 2nd shift fire or disaster drill documented. Interview on 5/9/25 client #2 stated: - He went outside when there was a fire drill and everyone went in the hallway for a tornado drill. Interview on 5/9/25 staff #1 stated: - She had worked at the facility for 20 years. - All clients participated in fire and disaster drills. - During fire drills clients went to the end of the road and during hurricane drills clients went into the hallway. Interview on 5/9/25 staff #2 stated: - She worked at the facility since 1996. - Drills were completed every month. Interview on 5/9/25 staff #3 acknowledged the missing drills and stated he was not sure why they were not completed. Interview on 5/9/25 the Qualified Professional/Director stated: - She would ensure fire and disaster drills were completed as required.	V 114		

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V 114	Continued From page 2 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		