

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/08/2025
NAME OF PROVIDER OR SUPPLIER EVANS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 OLD FIRETOWER ROAD WINTERVILLE, NC 28590		
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on May 8, 2025. The complaint was unsubstantiated. (intake #NC00228795). Deficiencies were 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 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or	V 107		

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

TITLE

(X6) DATE

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V 107	<p>Continued From page 1</p> <p>neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a file indicating the training, experience and other qualifications for the position for the Former Qualified Professional (QP). The findings are:</p> <p>Attempted review on 5/8/25 of the Former QP's personnel record was unsuccessful as the Licensee could not locate it.</p> <p>Interview on 5/8/25 the Former QP stated: - She had worked 3 months as the QP during September -December 2024 at the facility and</p>	V 107		

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V 107	Continued From page 2 went to the facility two times weekly. - She reviewed notes, signed notes, talked with clients and talked with staff about their job responsibilities. - She was trained in Cardiopulmonary Resuscitation (CPR) and North Carolina Support Needs Assessment Profile (NC-SNAP). Interview on 5/8/25 the Licensee stated: - The Former QP worked at the facility from 9/2024 - 12/2024. - She could not locate the Former QP's personal record. - She was currently seeking a QP.	V 107		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making;	V 110		

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V 110	<p>Continued From page 3</p> <p>(5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure paraprofessionals were supervised by an Associate Professional (AP) or by a Qualified Professional (QP) affecting 2 of 2 audited staff (#1 and #2). The findings are:</p> <p>Review on 5/8/25 of staff #1's personal record revealed: - Application date of 3/9/05. - Title Habilitation Technician. - No documented supervision plan.</p> <p>Review on 5/8/25 of staff #2's personal record revealed: - Hire date of 10/18/23. - Title Habilitation Technician. - No documented supervision plan.</p> <p>Interview on 5/8/25 staff #1 stated he had worked at the facility since 2005.</p> <p>Interview on 5/8/25 staff #2 stated she had worked for 1 1/2 years at the facility.</p>	V 110		

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V 110	Continued From page 4 Interview on 5/8/25/ the Licensee stated: - She had difficulty employing a QP. - The last QP worked from 9/2024 - 12/2024. - She understood the requirement to have paraprofessionals supervised by a AP or QP.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to obtain written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained affecting 3 of 3 audited clients (#1, #3 and #4). The findings are:</p> <p>Review on 5/8/25 of client #1's record revealed: - Admission date of 3/14/06 - Diagnoses of Major Depressive Disorder-Recurrent-Mild; Intellectual Developmental Disability; High Cholesterol, Diabetes, Prostate Surgery. - Person-Centered Profile (PCP) dated 4/15/25. - No signature by client #1 or the responsible party.</p> <p>Review on 5/2/55 of client #3's record revealed: - Admission year of 2011. - Diagnoses of Down Syndrome; Intellectual Developmental Disorder- Mild; Communication Disorder; Impulse Control Disorder by History - No current PCP.</p> <p>Review on 5/8/25 of client #4's record revealed: - Admission date of 8/1/13. - Diagnoses of Intellectual Developmental Disabilities-Mild; Schizophrenia; Gastroesophageal Reflux Disease; Allergic Rhinitis. - No current PCP.</p> <p>Interview on 5/8/25 client #1 stated he he lived at the facility for a long time and he was happy there.</p>	V 112		

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V 112	Continued From page 6 Interview on 5/8/25 client #3 stated she she had lived at the facility for a while and she liked living there. Interview on 5/8/25 client #4 stated he liked living at the facility and had been there for a while. Interview on 5/8/25 the Former Qualified Professional stated: - She worked at the facility for 3 months. - The PCP's were already current when she worked and she did not do any updates. Interview on 5/8/25 the Licensee stated: - She was currently seeking a new Qualified Professional. - The last QP worked from 9/2024 - 12/2024.	V 112		
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.	V 114		

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V 114	<p>Continued From page 7</p> <p>(d) Each facility shall have a first aid kit accessible for use.</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 5/8/25 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 (7/1/24 - 9/30/24); no 2nd shift fire or disaster drill documented. - Fourth quarter (10/1/24 - 12/31/24); no 2nd and 3rd shift fire or disaster drill documented. - First quarter (1/1/25 - 3/31/25); no 2nd or 3rd shift fire drills and no 3rd shift disaster drill. <p>Interview on 5/8/25 client #1 stated:</p> <ul style="list-style-type: none"> - He went outside when there was a fire drill and everyone went in the hallway for a tornado drill. <p>Interview on 5/8/25 client #3 stated:</p> <ul style="list-style-type: none"> - She participated in tornado drills by going in the hallway. - She went outside for fire drills. <p>Interview on 5/8/25 client #4 stated:</p> <ul style="list-style-type: none"> - Staff completed fire drills but he could not remember when the last one was completed. <p>Interview on 5/8/25 staff #2 stated:</p> <ul style="list-style-type: none"> - She had been with the facility for 1 1/2 years. - Fire and disaster drill were completed monthly. - All clients participated in fire and disaster drills. 	V 114		

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V 114	Continued From page 8 Interview on 5/8/25 Former Qualified Professional stated: - She worked at the facility for 3 months. - Clients had participated in fire and disaster drills monthly. Interview on 5/8/25 the Licensee acknowledged the missing fire and disaster drills and the requirement of fire and disaster drills being completed at least quarterly and repeated on each shift.	V 114			