Division of Health Service Regulation

| OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | | |
|---|---|---|--|--|--|--|--|--|
| | MHL029-054 | B. WING | | 05/29/2025 | | | | |
| ROVIDER OR SUPPLIER | | DDRESS, CITY, STAT | • | | | | | |
| MAYFAIR 8 MAYFAIR ROAD LEXINGTON NC 27292 | | | | | | | | |
| SUMMARY STA | | | PROVIDER'S PLAN OF CORRECTION | DN (X5) | | | | |
| (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | | | |
| INITIAL COMMENTS | | V 000 | | | | | | |
| An annual survey was deficiency was cited. | s completed on 5/29/25. A | | | | | | | |
| This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. | | | | | | | | |
| census of 2. The surv | ey sample consisted of | | | | | | | |
| 27G .0207 Emergenc | y Plans and Supplies | V 114 | | | | | | |
| AND SUPPLIES (a) Each facility shall and a disaster plan ar these plans available to the county emerger request. The plans shall be and evacuation proceposted in the facility. (c) Fire and disaster constant be held at least or repeated for each shirt Drills shall be conducted simulate the facility's emergencies. | develop a written fire plan and shall make a copy of ancy services agencies upon all include evacuation s. In made available to all staff dures and routes shall be a drills in a 24-hour facility quarterly and shall be a fit. It is ted under conditions that response to fire | | | | | | | |
| | SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETT) INITIAL COMMENTS An annual survey was deficiency was cited. This facility is licensed category: 10A NCAC Living for Adults with 10 This facility is licensed census of 2. The survaudits of 2 current clied 27G .0207 Emergence 10A NCAC 27G .0207 AND SUPPLIES (a) Each facility shall and a disaster plan are these plans available to the county emerger request. The plans shall be and evacuation proceed by The plans shall be and evacuation proceed in the facility. (c) Fire and disaster constant is a shall be conducted to the county emerger request. The plans shall be and evacuation proceed in the facility. (c) Fire and disaster constant is a shall be conducted to the county emerger constant in the facility. (d) Fire and disaster constant is a shall be conducted to the county emerger constant in the facility. (d) Each facility shall is emergencies. (d) Each facility shall | MHL029-054 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on 5/29/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients. 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. (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 | MHL029-054 MHL029-054 B. WING B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAT 3 MAYFAIR ROAD LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on 5/29/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients. 27G .0207 Emergency Plans and Supplies V 114 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 | ROVIDER OR SUPPLIER **ROVIDER OR SUPPLIER** **ROVIDER OR SUPPLIER** **STREET ADDRESS, CITY, STATE, ZIP CODE **3 MAYFAIR ROAD LEXINGTON, NC 27292 **SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) **INITIAL COMMENTS** An annual survey was completed on 5/29/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients. 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. Dills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit | | | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--|---|----|-------------------------------|--|
| | | MHL029-054 | B. WING | | 0: | 5/29/2025 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE, | ZIP CODE | | | |
| MAYFAIR | | | AIR ROAD TON, NC 27292 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | |
| V 114 | This Rule is not met Based on record revifacility failed to have drills held at least quishift. The findings are Review on 5/28/25 or disaster drill log from revealed: 2nd quarter (April-Julary - No 2nd shift (3pm-1)(11pm-7am) disaster 4th quarter (October-1-No 3rd shift fire drill 3rd shift disaster drill Interview on 5/29/25 - Completed fire and Interview on 5/28/25 Coordinator revealed - "I thought the fire and completed correctly in the sale of the sale | as evidenced by: ew and interviews, the completed fire and disaster arterly and repeated on each e: f the facility's fire and April 1, 2024-May 1, 2025 ne 2025): l1pm) fire drills and 3rd shift drills. December 2024): s and no 1st (7am-3pm) and s. with Staff #1 revealed: disaster drills monthly. with Staff #2 revealed: disaster drills monthly. with the Regional Operations l: nd disaster drills were n this home;" le now and they will be done | V 114 | | | | |

Division of Health Service Regulation

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