

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/30/2025
NAME OF PROVIDER OR SUPPLIER ENOCH GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 914 DIXIE STREET BURLINGTON, NC 27217		
(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 30, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. 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 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 interview the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 5/30/25 of facility's fire drills log from May 2024 through May 2025 revealed: -2nd quarter (April, May, and June) 2024: There were no fire drills documented. -3rd quarter (July, August, and September) 2024: No fire drill conducted on 2nd shift. -4th quarter (October, November, and December) 2024: No fire drill conducted on 2nd shift. -1st quarter (January, February, and March) 2025: No fire drills conducted on 1st and 2nd shift.</p> <p>Review on 5/30/25 of facility's disaster drills log from May 2024 through May 2025 revealed: -2nd quarter (April, May, and June) 2024: There were no disaster drills documented. -3rd quarter (July, August, and September) 2024: No disaster drills conducted on 1st and 3rd shift. -4th quarter (October, November, and December) 2024: No disaster drills conducted on 1st and 3rd shift. -1st quarter (January, February, and March) 2025: No disaster drills conducted on 1st and 3rd shift.</p> <p>Interview on 5/30/25 with the Manager revealed: -"I thought that the staff were doing the drills." -"Some of the drills aren't filled out correctly by the staff." -He confirmed that the facility failed to ensure fire and disaster drills were conducted quarterly on each shift.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 114		

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V 114	Continued From page 2 and must be corrected within 30 days.	V 114		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary	V 290		

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V 290	<p>Continued From page 3</p> <p>diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to assess and document client's capability of having unsupervised time in the home and the community for three of three audited clients (#1, #2, and #3). The findings are.</p> <p>Review on 5/29/25 of client #1's record revealed: -Admission date of 10/31/24. -Diagnoses of Schizophrenia, Attention Deficit Hyperactivity Disorder, and Predominantly Inattentive presentation. -There was no assessment to determine client's capability of unsupervised time in the home or the community.</p> <p>Review on 5/29/25 of client #2's record revealed: -Admission date of 10/14/24. -Diagnoses of Schizoaffective Disorder and Major Depressive Disorder. -There was no assessment to determine client's capability of unsupervised time in the home or the community.</p> <p>Review on 5/29/25 of client #3's record revealed: -Admission date of 10/29/21</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>-Diagnoses of Mild Intellectual Disorder, Chrome Kidney, Parkinson Disease, Hyperlipidemia, Deafness, Unspecified Psychotic Disorder, and Intermediate Explosive Disorder.</p> <p>-There was no assessment to determine client's capability of unsupervised time in the home or the community.</p> <p>Interview on 5/29/25 with the Manager revealed:</p> <p>- "The staff will run out to the store and leave the clients in the house for no more than thirty minutes."</p> <p>- "Two of the clients' guardian's live hours away and I'm waiting on them to send back the paperwork."</p> <p>- "I have sent the clients' documents off in the mail and am waiting for them to return."</p> <p>- "He confirmed the facility failed to assess and document client's capability of having unsupervised time in the home and the community."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		