

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/29/2025
NAME OF PROVIDER OR SUPPLIER MARNE		STREET ADDRESS, CITY, STATE, ZIP CODE 62 MARNE ROAD ASHEVILLE, NC 28803		
(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 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 Disability. This facility is licensed for 6 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		

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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 conduct disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 5/28/25 of the facility's fire and disaster drill log from 4/1/2024-3/31/25 revealed:</p> <ul style="list-style-type: none"> - No documentation of disaster drills during the following shifts and quarters: -April-June 2024: 1st, 2nd & 3rd shifts. -July-September 2024: 1st, 2nd & 3rd shifts. -October-December 2024: 1st, 2nd & 3rd shifts. -January-March 2025: 1st, 2nd & 3rd shifts. <p>Interview on 5/28/25 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -Had not participated in a disaster drill at the facility. -Had not been instructed to complete a disaster drill. <p>Interview on 5/29/25 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -Had not completed a disaster drill. <p>Interview on 5/29/25 with the Executive Director/Qualified Professional (ED/QP) revealed:</p> <ul style="list-style-type: none"> -Acting QP of the facility currently. -The former QP was responsible for implementing disaster drills. -Would ensure that this was addressed at the next staff meeting to get back in compliance. 	V 114		