STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL093-063	A. BUILDING: _____ B. WING _____	R 06/18/2025

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 6/18/25. Deficencies were 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 5 and has a current census of 5. 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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V 114	Continued From page 1	V 114		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:

Review on 6/18/25 of the facility's fire and disaster schedule revealed:
- Fire and Disaster drills were to be completed monthly and on rotating shifts (1st, 2nd, and 3rd)
- 1st shift was 7am-3pm
- 2nd shift was 3pm-11pm
- 3rd shift was 11pm- 7am

Review on 6/12/25 of the facility's fire and disaster drill log from June 2024 - June 2025 revealed:
- No fire or disaster drills were completed for third shift

Interview on 6/12/25 staff #1 reported:
- The facility completed fire and disaster drills monthly
- The facility completed different drills each month
- "There was a schedule that they (staff) go by"
- 1st shift was 7am-3pm, 2nd shift was 3pm-11pm, and the "sleepover" shift was 11 pm-7am
- She did not know they needed to do a drill on 3rd shift since it was the "sleepover" shift

Interview on 6/12/25 staff #2 reported:
- She did fire and disaster drills at a different time every month
- She was the "sleepover" staff during weeknights
- "Never thought about doing them (drills) on third shift"
- She was still "learning about the drills" (when

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V 114	Continued From page 2 to do them) - "I will make sure I do them in the middle of the night too" Interview on 6/17/25 with the Residential Manager (RM) reported: - She was responsible for checking the fire drill logs - There was a third shift from 11pm-7am, but it was a "sleep" shift - She would talk with the Executive Director (ED) to get clarification about the fire drill schedule Interview on 6/18/25 with the ED reported: - "The RM would be responsible to ensure the fire and disaster drills are completed according to the schedule in the facility" - Staff would be re-trained on how to follow the fire and disaster drill schedules	V 114		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such	V 291		

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V 291	Continued From page 3 means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain coordination between the facility operator and the qualified professionals who are responsible for the treatment/habilitation or case management affecting 1 of 3 current clients (#1). The findings are: Review on 6/12/25 of Client #1's record revealed: - Admitted: 4/1/24 - Diagnoses: Mild Intellectual Disabilities, Hypertension, Diabetes, Vitamin D Deficiency - Doctor's Order dated 10/3/24: Blood Glucose Monitoring kit: Use to check blood sugar (BS) twice daily (BID) - FL-2 dated 4/23/25 signed by physician: Accu-Chek Guide Test Strip: Use as Directed 2x Daily Review on 6/12/25 of Client #1's Medication Administration Record (MAR) from March 2025-June 11, 2025 revealed:	V 291		

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V 291	Continued From page 4 - Documentation for 8am and 8pm was completed to reflect that Client #1's blood sugars were being checked at both times Review on 6/12/25 of Client #1's Blood Glucose Log from March 10, 2025 - June 11, 2025 revealed: - Only one glucometer reading was documented in the AM - No other documentation of glucose readings were documented Review on 6/12/25 of Client #1's glucometer from June 1, 2025 - June 11, 2025 revealed: - One AM glucometer reading was in the glucometer's history Interview on 6/12/25 Staff #1 reported: - She "thought" Client #1's blood sugar checks were changed to once daily after his doctor's appointment in February or April 2025 - The Registered Nurse (RN) was responsible for checking the medications and the MARs - She was not sure how the blood sugar checks got missed for the 8pm checks Interview on 6/12/25 Staff #2 reported: - She "sometimes" checked Client #1's blood sugars - "I can't remember the last time I took his blood sugar" - "When I do take his blood sugar, I don't put the number down, I just put my initial in the book (MAR)" - "Not sure why I signed it (documented on the MAR as checked) when I did not do the blood sugar" Interview on 6/12/25 the Residential Manager (RM) reported:	V 291		

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V 291	Continued From page 5 - She and Staff #1 were responsible for checking to make sure the blood sugar checks were completed - The RN was also responsible for checking the medications and the MARs - The RN visited the facility about every three months, and had been at the facility in April 2025 - She checked the medications and MARs daily - She must have overlooked the blood sugar logs, she usually checked to ensure the MARs were documented - She did not check the glucometer to ensure the blood sugar checks were done, but would start checking now Interview on 6/17/25 the RN reported: - She visited the facility every 3 months - She had last been at the facility in April 2025 - She was responsible for looking over the medications, MARs, and other medical needs that would arise - Client #1 had recently started blood sugar checks, and she "thought" his checks were decreased from twice daily to once daily, but was "not sure when" - She usually checked the glucometer as well as the logs - She would contact the RM to clarify what the current order was for the blood sugar checks Interview on 6/17/25 the Clinical Supervisor from Client #1's primary physician's office reported: - Client #1's last visit was 6/10/25 - Client #1 should continue to get blood sugar checks twice daily - The frequency of his blood sugar checks had not changed since the blood sugar checks were ordered on 10/3/24	V 291		

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V 291	Continued From page 6 Interview on 6/18/25 the Executive Director reported: - The RN and the RM were responsible for ensuring that doctor's orders were followed and communicated to staff - The doctor would implement the order and it would go on the the MAR - The MAR would be checked by the RN and the RM - She would discuss with the RN and the RM to ensure it did not happen again	V 291		