F CORRECTION		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
	IDENTIFICATION NUMBER:	A. BUILDING:		R		
MHL054-178		B. WING		06/18/2025		
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE COMPLE THE APPROPRIATE DATE		
INITIAL COMMENTS		V 000				
An annual and follow up survey was completed on June 18, 2025. A deficiency was cited.						
category: 10A NCA	C 27G .5600C Supervised					
census of 3. The s	urvey sample consisted of					
27G .0207 Emerger	ncy Plans and Supplies	V 114				
AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerge request. The plans procedures and rou (b) The plans shall l and evacuation pro- posted in the facility. (c) Fire and disaste shall be held at leas repeated for each s Drills shall be condu- simulate the facility' emergencies.	Ill develop a written fire plan and shall make a copy of le gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be r drills in a 24-hour facility st quarterly and shall be hift. ucted under conditions that s response to fire					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS NITIAL COMMENT An annual and follo on June 18, 2025. This facility is licens category: 10A NCA Living for Adults wit This facility is licens category: 10A NCA Living for Adults wit This facility is licens category: 10A NCA CAND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerge request. The plans procedures and rou (b) The plans shall and evacuation pro- posted in the facility. (c) Fire and disaste shall be held at least repeated for each s Drills shall be condition simulate the facility emergencies. (d) Each facility sha	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NITIAL COMMENTS An annual and follow up survey was completed on June 18, 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 4 and currently has a census of 3. The survey sample consisted of audits of 3 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. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit	Implementation Implementation Street Address, City, ST Street Address, City, ST Summary Statement of Deficiencies (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NITIAL COMMENTS V 000 An annual and follow up survey was completed on June 18, 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 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. 27G .0207 Emergency Plans and Supplies V 114 100 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 "acility. (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	Image: control of the second state	MHL054-178 B. WING Object ICOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2505 HOGES ROAD SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE IEACH DEFICIENCY MIST DE PRECIDENCIES ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE DECIDENTIFYING INFORMATION) TAG PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MIST DE DEFICIENCY V 000 ID DEFICIENCY NITIAL COMMENTS V 000 V 000 ID DEFICIENCY An annual and follow up survey was completed on June 18, 2025. A deficiency was cited. V 000 ID DEFICIENCY This facility is licensed for the following service rategory: 10.0 NCAC 276.0500C Supervised Juving for Adults with Developmental Disability. V 114 ID This facility is licensed for 4 and currently has a sensus of 3. The survey sample consisted of audits of 3 current clients. V 114 ID 27G .0207 Emergency Plans and Supplies V 114 ID ID ID 10 an CAC 27G .0207 EMERGENCY PLANS ND SUPPLIES ID ID ID ID ID ID 10 a thous	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL054-178				R 06/18/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ESSEX			GES ROAD N, NC 28504			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From page 1		V 114			
	failed to have fire a	et as evidenced by: view and interviews the facility nd disaster drills held at least ited on each shift. The findings				
	disaster drills from -No fire or disaster weekend shift 7 pm quarter of 2024 (Ap -No fire drill docum pm to 7 am during f (July-September). -No disaster drill doc shift 7 am to 7 pm of 2024 (October-Dec -No fire drill docum	ented for the weekend shift 7 the third quarter of 2024 ocumented for the weekend during the fourth quarter of				
	Interview on 6/18/2 -"We do drills mont -Clients went to the the bathroom for di	hly." front yard for fire drills and in				
		etimes, every once in a while." de for fire drills and in the				
	unsuccessful.	v on 6/18/25 with client #3 was d "yes" to all questions, stared round the room.				
	was hired two mon	2 drills with clients since he				

1FP911

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 114	Continued From pa	age 2	V 114			
	hallway for disaster drills.					
	Interview on 6/18/25 the Group Home Lead					
	stated: -Fire and disaster of	drills were completely monthly.				
-Clients went outsid and inside the bath Interview on 6/18/2 stated: -Drills were comple	de to the front yard for fire drills					
	and inside the bath	foom for disaster drills.				
	Interview on 6/18/25 the Qualified Professional stated:					
	-Drills were completed monthly.					
	-Clients went acros the hallway for disa	ss the street for fire drills and ir aster drills.	1			
		5 the Director of Operations				
	stated: -He understood dri	Ils were to be completed once				
	per shift per quarte	r. cord to see if I have any more				
	drills that have not					
	ealth Service Regulation					

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