

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER LCBHS-2810 GEORGIA PACIFIC ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 2810 GEORGIA PACIFIC ROAD WHITEVILLE, NC 28472		
(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on June 27, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p> <p>This facility is licensed for 2 and currently has a census of 0. The survey sample consisted of an audit of 1 former client.</p>	V 000		
V 275	<p>27G .5104 Community Respite - Physical Plant</p> <p>10A NCAC 27G .5104 PHYSICAL PLANT In private home respite services:</p> <p>(1) A minimum of one ionized smoke detector wired into the house current shall be installed and centrally located. Additional smoke detectors that are not wired into the house current shall be checked at least monthly by the provider.</p> <p>(2) A dry powder or CO(2) type fire extinguisher shall be located in the kitchen and shall be checked at least annually by the local fire department. Each provider of respite care shall receive instruction in its use prior to the initiation of service.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a dry powder CO(2) type fire extinguisher was checked at least annually by the local fire department. The findings are:</p> <p>Observation on 6/27/25 at approximately 11am revealed:</p>	V 275		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 275	Continued From page 1 -Fire extinguisher located in kitchen area was tagged as last inspected in April, 2024. Interview on 6/27/25 supervisor stated she would call to have the fire extinguishers inspected.	V 275		