

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER OLD 60 HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 258 OLD HIGHWAY 60 WILKESBORO, NC 28697		
(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 survey was completed on July 17, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 3 and currently has a 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		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER OLD 60 HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 258 OLD HIGHWAY 60 WILKESBORO, NC 28697		
(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 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 complete fire and disaster drills quarterly and repeated for each shift. The findings are:</p> <p>Review on 7/16/25 of fire and disaster drills from July 2024 through June 2025 revealed: -There was no documentation of a disaster drill on 3rd shift for first quarter 2025 (January-March). -There was no documentation of fire or disaster drill on 3rd shift for second quarter 2025 (April-June). -There was no documentation of a disaster drill on 2nd shift for third quarter 2024 (July-September).</p> <p>Interview on 7/17/25 with Client #1 revealed: -They completed fire drills and he would go to the light post.</p> <p>Interview on 7/17/25 with Client #2 revealed: - They completed fire and disaster drills. He would go outside if there was a fire, to the other side of the driveway.</p> <p>Interview on 7/17/25 with Client #3 revealed: -They completed fire drills.</p> <p>Interview on 7/16/25 with Staff #1 revealed: -Fire and disaster drills were done once a month. -There were two separate drills, one for fire and one for disaster. -Staff #2 was in charge of scheduling the drills.</p> <p>Interviews on 7/16/25 and 7/17/25 with Staff #2 revealed: -Shift schedule was Monday-Friday with 1st shift from 7am-3pm, 2nd shift from 3pm-11pm, and 3rd shift from 11pm-7am. The weekend shifts on</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER OLD 60 HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 258 OLD HIGHWAY 60 WILKESBORO, NC 28697		
(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 114	Continued From page 2 Saturday and Sunday included 1st shift from 8am-8pm and 2nd shift from 8pm-8am. -He was in charge of scheduling the fire and disaster drills. -There was an ongoing schedule to complete fire and disaster drills within the first five days of each month. -Training was completed in May 2025 with all staff regarding fire and disaster drills and how to run them. Interview on 7/17/25 with the Qualified Professional revealed: -Staff #2 was responsible for making sure the fire and disaster drills were scheduled and completed.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment for 1 of 3 audited staff (Qualified Professional).	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER OLD 60 HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 258 OLD HIGHWAY 60 WILKESBORO, NC 28697		
(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 131	Continued From page 3 The findings are: Record review on 7/16/25 for the Qualified Professional revealed: -Date of hire: 3/12/25. -Date of HCPR check: 4/3/25. Interview on 7/17/25 with the Staffing Coordinator revealed: -She was responsible for completing the required HCPR checks. -She was aware that checks needed to be completed prior to an offer of employment. -"I forgot" to complete the HCPR check for the QP prior to an offer of employment.	V 131			