STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		MHL059-075	B. WING		08/0	6/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CARE H	WEN		PORT ROAD NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	0 INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on 8/6/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of an audit of 3 current clients.					
V 114	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		V 114			
	posted in the facility. (c) Fire and disaste	r drills in a 24-hour facility				
	repeated for each s	ucted under conditions that				
	emergencies.	all have a first aid kit				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
MHL059-075		B. WING		l l	R 08/06/2025			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CARE H	CARE HAVEN 2533 AIRPORT ROAD MARION, NC 28752							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE		
V 114	Continued From pa	ge 1	V 114					
	facility failed to hold each shift at least quality. Review on 8/6/25 or There was no docubeen conducted on July-September 202 - There was no docubeen conducted on from October-Dece - There was no docubeen conducted on January-March 202 - There was no docubeen was not w	view and interviews, the I fire and disaster drills on uarterly. The findings are: If fire drills revealed: I fire drills revealed: I mentation of a fire drill having 2nd shift in the quarter from 24. I mentation of a fire drill having 1st or 2nd shifts in the quarter mber 2024. I mentation of a fire drill having 1st shift in the quarter from						
	-There was no docu having been conduction July-September -There was no docu having been conduction quarter from October -There was no docu having been conduction guarter from Januar -There was no docu having been conduction April - June 202 Interview on 6/24/25 - Had been at the fare - Had not participate had been at the face	umentation of a disaster drill cted on 1st or 2nd shifts in the er-December 2024. Umentation of disaster drills cted on 1st or 2nd shifts in the ry-March 2025. Umentation of a disaster drill cted on 2nd shift in the quarter 25. 5 with Client #1 revealed: cility almost 3 months. ed in any fire drills since she						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
					R		
MHL059-075		MHL059-075	B. WING		08/06/2025		
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CARE H	AVEN		PORT ROAD NC 28752				
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	IVE ACTION SHOULD BE COMPLE CED TO THE APPROPRIATE DATE		
V 114	Continued From page 2		V 114				
	-He was admitted almost 2 months agoNo fire drills had been conducted since he was admitted. Interview on 6/25/25 with the Qualified Professional (QP)/Residential Team Lead revealed: -Ran 12 hour shifts 6a-6p and 6p-6aHe was responsible for making sure fire and disaster drills were conductedThe former QP reported drills should be conducted quarterly, not each shiftHe would make sure a master drill plan was created. This deficiency constitutes a recite deficiency and						
V 131	must be corrected v		V 131				
	Verification G.S. §131E-256 HE REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	EALTH CARE PERSONNEL realth care personnel into a personn					
	facility failed to ens	et as evidenced by: view and interviews, the ure each staff member had no ngs of abuse or neglect listed					

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2533 AIRPORT ROAD MARION, NC 28752 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG Continued From page 3 on the North Carolina Health Care Personnel	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER CARE HAVEN STREET ADDRESS, CITY, STATE, ZIP CODE 2533 AIRPORT ROAD MARION, NC 28752 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 131 Continued From page 3 STREET ADDRESS, CITY, STATE, ZIP CODE 2533 AIRPORT ROAD MARION, NC 28752 ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE) V 131 Continued From page 3 V 131							
CARE HAVEN 2533 AIRPORT ROAD MARION, NC 28752 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 131 Continued From page 3 2533 AIRPORT ROAD MARION, NC 28752 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	MHL059-075		B. WING		08/0	6/2025	
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) WARION, NC 28752 ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE) V 131 Continued From page 3 V 131	NAME OF	PROVIDER OR SUPPLIER					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 131 Continued From page 3 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 131	CARE H	AVEN					
	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	_D BE	COMPLETE
Registry (HCPR) prior to date of hire for 1 of 3 audited Qualified Professional/Residential Team Lead (QP/RTL). The findings are: Record review on 8/6/25 for QP/RTL revealed: -Date of rehire: 9/9/24 -There was no documentation HCPR check was completed prior to date of rehire. Email correspondence on 8/6/25 with Licensee's Quality Assurance Specialist revealed: -"This is the message that I received from HR (human resources) in regards to [QP/RTL]'s 2024 HCPR: "We do not have [QP/RTL]'s 2024 HCPR. His original hire date was 6-5-23. He was inactivated 4-25-24 and reactivated when rehired. This check was overlooked and not performed. I apologize!"	V 131	on the North Carolin Registry (HCPR) praudited Qualified P Lead (QP/RTL). The Record review on 8 -Date of rehire: 9/9/-There was no door completed prior to completed prior to complete prior to	na Health Care Personnel rior to date of hire for 1 of 3 rofessional/Residential Team re findings are: 8/6/25 for QP/RTL revealed: //24 repentation HCPR check was date of rehire. Ince on 8/6/25 with Licensee's Specialist revealed: rige that I received from HR rin regards to [QP/RTL]'s 2024 //P/RTL]'s 2024 HCPR. His as 6-5-23. He was inactivated retained. This check	V 131	BEI IOIENOT)		

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