

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>KERR HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>514 OLIVE STREET WILMINGTON, NC 28401</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on August 18, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p>	V 114		

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

TITLE

(X6) DATE

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V 114	Continued From page 1  Review on 8/15/25 of the facility's documented fire and disaster drills for 7/01/24 - 6/30/25 revealed: -Second quarter (4/01/25 - 6/30/25); no 1st shift fire drill or 2nd shift disaster drill documented. -Third quarter (7/01/24 - 9/30/24); no 1st shift fire or disaster drills documented.  Interview on 8/15/25 staff #1 stated: -She had worked at the facility since May, 2024. -Fire and disaster drills were completed monthly. -There were no concerns with client evacuation.  Interview on 8/15/25 the Home Manager stated: -Fire and disaster drills were completed monthly. -There were three shifts that fire and disaster drills were scheduled to be completed within (6am - 4pm, 2pm - 10pm, and 10pm - 9am). -Fire and disaster drill forms were organized by a 3 shift format with a calendar for facility staff.  Interview on 8/15/25 the Qualified Professional stated: -She had worked at the facility since March, 2025. -Fire and disaster drills were completed monthly. -There had been no reported concerns with client evacuation.  Interview on 8/15/25 the Director of Operations stated: -Fire and disaster drills were completely monthly and rotated to include each shift. -She would ensure that staff were educated on fire and disaster drill expectations for each shift.	V 114		
V 291	27G .5603 Supervised Living - Operations	V 291		

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V 291	<p>Continued From page 2</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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 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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of three audited clients</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>(#5). The findings are:</p> <p>Review on 8/15/25 of client #5's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of admission: 11/01/15.</li> <li>- Diagnoses of Moderate-IDD and Schizophrenia</li> <li>- No order, policy/procedure, or guidelines with blood sugar (BS) parameters and instructions for response for results that would be considered too high or too low by the physician.</li> </ul> <p>Review on 8/15/25 of client #5's 6/01/25 - 8/15/25 medication administration records (MAR) revealed:</p> <ul style="list-style-type: none"> <li>- BS was to be checked daily.</li> <li>- No BS values were recorded.</li> </ul> <p>Interview on 8/15/25 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- Client #5's BS checks were completed daily.</li> <li>- There were no parameters for blood sugar results that were too high or too low.</li> <li>- She went by the blood glucose monitor to determine if client #3 was high or low.</li> </ul> <p>Interview on 8/15/25 Home Manager stated</p> <ul style="list-style-type: none"> <li>- Client #5's BS checks were completed for monitoring of prediabetes.</li> <li>- There were no parameters for blood sugar results that were too high or too low.</li> <li>- She went by the blood glucose monitor to determine if client #3 was high or low.</li> <li>- She would review BS monitoring with client #5's physician at his upcoming appointment.</li> </ul>	V 291			