

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/06/2025
NAME OF PROVIDER OR SUPPLIER CARE HAVEN		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 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 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 000	DHSR-MH Licensure Sect AUG 7 2025 RECEIVED		
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	V 114 1. House Manager will be retrained by QA Specialist in proper protocol for fire and disaster drills. 2. House Manager was provided the current drill report that should be used to document the drills for both shifts. 3. QA Specialist will review and sign off that drills are being completed correctly on a quarterly basis.	1. 8/07/25 2. 8/13/25 3. 8/13/25 and ongoing	

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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 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: Review on 8/6/25 of fire drills revealed: -There was no documentation of a fire drill having been conducted on 2nd shift in the quarter from July-September 2024. -There was no documentation of a fire drill having been conducted on 1st or 2nd shifts in the quarter from October-December 2024. -There was no documentation of a fire drill having been conducted on 1st shift in the quarter from January-March 2025. -There was no documentation of a fire drill having been conducted on 2nd shift in the quarter from April-June 2025. Review on 8/6/25 of disaster drills revealed: -There was no documentation of a disaster drill having been conducted on 2nd shift in the quarter from July-September 2024. -There was no documentation of a disaster drill having been conducted on 1st or 2nd shifts in the quarter from October-December 2024. -There was no documentation of disaster drills having been conducted on 1st or 2nd shifts in the quarter from January-March 2025. -There was no documentation of a disaster drill having been conducted on 2nd shift in the quarter from April-June 2025. Interview on 6/24/25 with Client #1 revealed: -Had been at the facility almost 3 months. -Had not participated in any fire drills since she had been at the facility. Interview on 8/6/25 with Client #2 revealed:	V 114			

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V 114	Continued From page 2 -He was admitted almost 2 months ago. -No 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-6a. -He was responsible for making sure fire and disaster drills were conducted. -The former QP reported drills should be conducted quarterly, not each shift. -He would make sure a master drill plan was created. This deficiency constitutes a recite deficiency and must be corrected within 30 days.	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 interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed	V 131	V 131 1. HCPR check will be completed on missing staff. 2. HCPR report will be included in the credentialing file for review by the Chief Compliance Officer to ensure compliance to this rule.	1. 8/14/25 2. 8/14/25 and ongoing	

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V 131	Continued From page 3 on the North Carolina Health Care Personnel 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			