

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #4		STREET ADDRESS, CITY, STATE, ZIP CODE 1269 APPLETREE ROAD STANTONSBURG, NC 27883		
(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 complaint survey was completed on September 24, 2025. The complaint was unsubstantiated (intake #NC00233206). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of an audit of 3 current client.	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. 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	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 quarterly and repeated on each shift. The findings are: Review on 9/24/25 of the facility's fire and disaster drills from 7/1/24-6/30/25 revealed: -There were no weekend fire or disaster drills documented. Interview on 9/23/25 client #1 stated: -"We have not done any fire or disaster drills since I have been here." Interview on 9/23/25 client #2 stated: -"We don't do fire or disaster drills." Interview on 9/23/25 the House Manager stated: -The shifts were 8 am- 4 pm, 4 pm - 12 am and 12 am - 8 am on Monday-Friday and 8 am - 8 pm and 8 pm - 8 am on Saturday and Sunday. -Fire and disaster drills were completed monthly. Interview on 9/24/25 the Owner/Qualified Professional stated: -The shifts were 8 am- 4 pm, 4 pm - 12 am and 12 am - 8 am on Monday-Friday and 8 am - 8 pm and 8 pm - 8 am on Saturday and Sunday. -Fire and disaster drills were completed monthly. -The clients went outside to the end of the driveway for fire drills and in the hallway for disaster drills. -She would ensure that weekend drills were completed and documented on the facility's drill log.	V 114		