

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL067-052</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/24/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GREENBRIAR-J</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>211 GREENBRIAR DRIVE</b><br><b>JACKSONVILLE, NC 28540</b>                    |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| V 000                                                   | <p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on September 24, 2025. A deficiency was 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 3 and currently has a census of 3. 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:<br/>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                                                                          |                                                                                                                          |  |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GREENBRIAR-J</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>211 GREENBRIAR DRIVE</b><br><b>JACKSONVILLE, NC 28540</b> |                                                                                                                          |                                                                    |
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| V 114                                                   | <p>Continued From page 1</p> <p>Review on 9/24/25 of the facility's documented fire and disaster drills for January 1, 2025 - June 30, 2025 revealed:<br/>-First quarter (January 1, 2025 - March 31, 2025); no second shift fire and disaster drill documented.</p> <p>Interview on 9/24/25 client #2 stated:<br/>-He had lived at the facility for a long time.<br/>-He went outside when there was a fire.</p> <p>Interview on 9/24/25 staff #1 stated:<br/>-There were three shifts; 7 am-3 pm, 3 pm-11 pm and 11 pm-7 am.<br/>-They completed fire and disaster drills once a month on each shift</p> <p>Interview on 9/24/25 staff #2 stated:<br/>-He was uncertain how often fire and disaster drills were completed.<br/>-There were no issues or concerns with client evacuations during drills.</p> <p>Interview on 9/24/25 the Program Manager stated:<br/>-Fire and disaster drills were completed monthly.<br/>-There were no issues or concerns with client evacuations during drills.</p> <p>Interview on 9/24/25 the Qualified Professional stated:<br/>-Fire and disaster drills were completed monthly and rotated quarterly on each shift.<br/>-Shifts were 7am - 3pm, 3pm - 11pm, and 11pm - 7am.<br/>-She would review with staff.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 114                                                                                                 |                                                                                                                          |                                                                    |