

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2025
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NAME OF PROVIDER OR SUPPLIER NEW LONDON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 40163 HIGHWAY 740 NEW LONDON, NC 28127
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(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>INITIAL COMMENTS</p> <p>An annual survey was completed on September 26, 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 has a current census of 3. The survey sample consisted of audits of 3 clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 ensure fire and disaster drills were conducted quarterly and 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	<p>Continued From page 1</p> <p>Review on 9/26/25 of the facility's fire and disaster drill log from August 2024-September 2025 revealed:</p> <ul style="list-style-type: none"> -In the 3rd Quarter of 2024 the fire drill identified for August 2024 had a date of 8/1/2024, but no time listed. It was marked as having been done on 2nd Shift. -In the 3rd Quarter of 2024 the disaster drill identified for September 2024 had a time and shift listed, and was filed under September but had no date on the documentation. -There were no fire drills completed for October of 2024 in the 4th Quarter of 2024. -There were no disaster drills completed for March of 2025 in the 1st Quarter. <p>Interview on 9/26/25 with client #2 revealed:</p> <ul style="list-style-type: none"> -They have fire and disaster drills but she was not sure how often. -They "go outside" for fire drills. -They went to the hallway for disaster drills. <p>Interview on 9/24/25 with client #3 revealed:</p> <ul style="list-style-type: none"> -They have had fire and disaster drills but she was unsure of when. -They "run outside" for fire drills. -They went in the hallway for disaster drills. <p>Interview on 9/25/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -She did not know why the fire/disaster drill documentation was incomplete for 8/2024, and 9/2024. -She did not know why there was a fire drill missing for 10/2024, or a disaster drill missing for 3/2025. -She confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. 	V 114		

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