STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065-279	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERSEALS PORT HEALTH-STEPPING STC	1507 MARTIN STREET WILMINGTON, NC 28401

(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 survey was completed on September 30, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults With Substance Abuse Dependency. The facility is licensed for 12 and has a current census of 11. The survey sample consisted of audits of 3 current clients.	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 quarterly and repeated on each shift. The	V 114		

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V 114	Continued From page 1 findings are: Review on 9/30/25 of the facility's documented fire and disaster drills for 1/01/25 - 6/30/25 revealed: -First quarter (1/01/25 - 3/31/25); no 4th or 5th shift fire or disaster drills documented. -Second quarter (4/01/25 - 6/30/25); no 4th or 5th shift fire or disaster drills documented. Interview on 9/30/25 client #3 stated: -He moved into the facility on 8/20/26. -He couldn't recall completing a fire or disaster drill. -Staff reviewed evacuation protocol when he moved in. Interview on 9/30/25 client #7 stated: -He had lived at the facility for 8 days. -He had not completed a fire or disaster drill yet. -Staff reviewed evacuation protocol when he moved in. Interview on 9/30/25 client #11 stated: -He had lived at the facility for 8 weeks. -He had completed a fire drill. -Staff reviewed evacuation protocol when he moved in. Interview on 9/30/25 Team Lead stated: -He had been with the agency for a long time. -Fire and disaster drills were completed monthly and covered every shift. Interview on 9/30/25 staff #1 stated: -He had worked with the agency for 2 years. -Fire and disaster drills were completed monthly. Interview on 9/30/25 the Qualified Professional stated:	V 114		

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V 114	Continued From page 2 -She had worked with the agency for 4.5 years. -Fire and disaster drills were completely monthly and rotated to include each shift. Interview on 8/13/25 the Program Manager stated: -Fire and disaster drills were completed monthly. -There were three individual shifts which extended Sunday - Friday (8am - 4pm, 4pm - 12am, and 12am - 8am) with an overlapping shift (11am - 7pm). -There were two individual shifts on Saturdays (12am - 2pm and 2pm -12am) with an overlapping shift (8am - 8pm). -She would review fire and disaster drills with staff.	V 114		