

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2025
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NAME OF PROVIDER OR SUPPLIER MERCER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1434 CARTHAGE STREET SANFORD, NC 27330
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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 October 15, 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 6 and has a current census of 6. The survey sample consisted of audits of 3 current 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 10/14/25 of the facility's fire and disaster drill log from November 2024-September 2025 revealed:</p> <ul style="list-style-type: none"> -There were no fire or disaster drills completed by staff #2 for the 3rd quarter (July, August, September) of 2025. -There were no fire or disaster drills completed by staff #2 for the 2nd quarter (April, May, June) of 2025. -There were no fire or disaster drills completed by former staff (FS) #3 for the 1st quarter (January, February, March) of 2025. -There were no fire or disaster drills completed by FS #3 for the 4th quarter (October, November, December) of 2024. <p>Interview on 10/14/25 with client #1 revealed:</p> <ul style="list-style-type: none"> -They went out the laundry room door for fire drills. -They went into the bathroom for disaster drills. <p>Interview on 10/14/25 with client #2 revealed:</p> <ul style="list-style-type: none"> -They walked outside into the parking lot for fire drills. -"I can't remember what we do for disaster drills." <p>Interview on 10/14/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> -She was a live in staff. -She worked 3 weeks on and 1 week off. -FS #3 left in February 2025. -Staff #2 floated between the facilities and she was her relief staff. -Staff #2 started at the facility "about a month or two" after FS #3 left. -She talked to the Qualified Professional (QP) about staff #2 doing drills. -"I was doing more drills in order to cover myself." <p>Interview on 10/15/25 with the QP revealed:</p>	V 114		

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V 114	Continued From page 2 -Staff did fire and disaster drills monthly at that facility. -"We did not think about the drills being done by different staff." -"[Staff #1] did most of the drills because she is the only full time staff right now." -She confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift	V 114		