

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-188	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/23/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RHEM GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 902 RHEM STREET KINSTON, NC 28501
--	---

(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 23, 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 5 and has a current census of 5. 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 reviews and interviews, the facility failed to conduct fire and disaster drills quarterly for 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-188	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/23/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RHEM GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 902 RHEM STREET KINSTON, NC 28501
--	---

(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 114	<p>Continued From page 1</p> <p>Review on 10/22/25 of facility records from October 2024 thru September 2025 revealed:</p> <p>Fire-</p> <ul style="list-style-type: none"> - No fire drills documented during the 3rd quarter of 2024 (October -December). - No fire drills for the 12:00am-8:00am shift and no weekend drills for for the 1st quarter of 2025 (January-March). - No fire drills documented during the 2nd quarter of 2025 (April-June). - No fire drills documented during the 3rd quarter of 2025 (July-September). <p>Disaster-</p> <ul style="list-style-type: none"> - No disaster drills documented during the 3rd quarter of 2024 (October-December). - No weekend disaster drills documented, and no weekday 4:00pm-12:00am and no 12:00am-8:00am during the 1st quarter of 2025 (January-March). - No disaster drills documented during the 2nd quarter of 2025 (April-June). - No weekend disaster drills documented during the 3rd quarter of 2025 (July-September). <p>Attempted interview on 10/22/25 with clients #2, #4 and #5 was unsuccessful as they would not respond to questions.</p> <p>Interview on 10/22/25 staff #1 stated:</p> <ul style="list-style-type: none"> - All clients participated in fire and disaster drills monthly. <p>Interview on 10/22/25 the Group Home Manager stated:</p> <ul style="list-style-type: none"> - Weekday shifts at the facility were Monday-Friday from 2:00pm-12:00am and 12:00am-8:00am. - Weekend shifts at the facility were 	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-188	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/23/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RHEM GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 902 RHEM STREET KINSTON, NC 28501
--	---

(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 114	Continued From page 2 8:00am-4:00pm, 4:00pm-12:00am and 12:00am-8:00am. - She had provided all documented fire and disaster drills for the facility.	V 114		