

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2025
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NAME OF PROVIDER OR SUPPLIER SCOTT'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 43653 COLONIAL HEIGHTS ROAD 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 November 19, 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 3. 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 11/19/25 of the facility's fire and disaster drill log from November 2024-October 2025 revealed:</p> <ul style="list-style-type: none"> -There was no fire drill completed by 1st shift for the 1st quarter (January, February, March) of 2025. -There was no fire drill completed by 2nd shift for the 1st quarter (January, February, March) of 2025. -There was no disaster drill completed by 1st shift for the 1st quarter (January, February, March) of 2025. -There was no disaster drill completed by 2nd shift for the 1st quarter (January, February, March) of 2025. <p>Interview on 11/18/25 with client #1 revealed:</p> <ul style="list-style-type: none"> -"We go out the door closest to the area we are in at the time of the fire drill." -They went into the bathroom for the other drills. <p>Interview on 11/18/25 with client #2 revealed:</p> <ul style="list-style-type: none"> -They went out to the driveway for fire drills. -They went into the "small" bathroom for disaster drills. <p>Interview on 11/18/25 with client #3 revealed:</p> <ul style="list-style-type: none"> -They went out the closest exit to their bedroom for fire drills. -They went into the bathroom for tornado drills. <p>Interview on 11/19/25 with the Administrator revealed:</p> <ul style="list-style-type: none"> -The facility had three separate staff shifts. -She would normally check to ensure the drills were being completed by staff. -"I think staff started the drills too early at the end of year for January 2025." -"Staff did drills at the end of 2024 and those drills 	V 114		

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V 114	Continued From page 2 were possibly supposed to be for January 2025." -She confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift.	V 114		