

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2025
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NAME OF PROVIDER OR SUPPLIER SYLVANGLADE #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4921 SYLVANGLADE ROAD MC LEANSVILLE, NC 27301
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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 December 4, 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 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 ensure that fire and disaster drills were conducted at least quarterly and for 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 12/4/25 of the facility's fire and disaster drills from December 2024 to December 2025 revealed: -No documentation of a fire drill having been conducted from January 2025 to March 2025 for first shift (6am to 2pm); -No documentation of a fire drill having been conducted from April 2025 to September 2025 for second shift (2pm to 10pm); -No documentation of a fire drill having been conducted from July 2025 to September 2025 for first shift (6am to 2pm).</p> <p>Interview on 12/4/25 with client #1 revealed: -She participated in fire and disaster drills.</p> <p>Interview on 12/4/25 with client #2 revealed: -He nodded his head yes, to participating in fire and disaster drills.</p> <p>Interview on 12/4/25 with client #3 revealed: -She participated in fire and disaster drills. The meeting place for a fire drill was outdoors.</p> <p>Interview on 12/4/25 with staff #1/Administrator revealed: -"My duties as the administrator were ... and anything else that needs to get done;" -"I conduct fire and disaster drills on different shifts and times."</p> <p>Interview on 12/4/25 with staff #2 revealed: -"The drills are completed at different times technically after business hours."</p>	V 114		