

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/22/2026
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NAME OF PROVIDER OR SUPPLIER SEDRICK'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1210 TERRELL DRIVE HIGH POINT, NC 27262
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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 and follow up survey was completed on 1/22/26. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 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 interview, the facility failed to conduct fire and disaster drills at least quarterly and repeated for each shift. The findings are:</p>	V 114	<p>RECEIVED</p> <p>FEB 13 2026</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation 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 1/21/26 of the facility's fire drills January 2025-January 2026 revealed:</p> <ul style="list-style-type: none"> - 1st Quarter: Fire drills were not conducted on 3rd shift. - 2nd Quarter: Fire drills were not conducted on 3rd shift. - 3rd Quarter: Fire drills were not conducted on 3rd shift. - 4th Quarter: Fire drills were not conducted on 1st and 3rd shift. <p>Review on 1/21/26 of the facility's disaster drills January 2025-January 2026 revealed:</p> <ul style="list-style-type: none"> - 1st Quarter: Disaster drills were not conducted on 3rd shift. - 4th Quarter: Disaster drills were not conducted on 1st and 3rd shift. <p>Attempted interview on 1/22/26 with client #1:</p> <ul style="list-style-type: none"> - He repeated the questions asked of him. He was unable to answer any questions about fire and disaster drills. <p>Attempted interview on 1/22/26 with client #2:</p> <ul style="list-style-type: none"> - He was unable to answer any questions about fire and disaster drills. <p>Interview on 1/22/26 with staff #1 revealed:</p> <ul style="list-style-type: none"> - He felt the facility failed to complete fire and disaster drills because staff were "confused" about which shift they were supposed to complete the drills on. <p>Interview on 1/22/26 with the House Manager revealed:</p> <ul style="list-style-type: none"> - She had not been writing down the shifts when she completed the drills. - "We are going to redo these ancient (fire and disaster drill) sheets." 	V 114	<p>A master form was created and posted in home that list each month and what shift the drill is to be ran on. We also created a master list of each month and what disaster drill is to be ran. We also listed on the master form that each shift falls between certain hours i.e. 1st shift 7A-3p 2nd shift 3p-11P 3rd shift 11P-7A</p> <p>modifications to each form made w/ boxes to be check by person running shift w/ time from so that they can identify what shift they are on. Each home manager will review drills each month and maintain records to make sure</p>	
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completed. Manager will also review quarterly to make sure we have each month documented for. Dank Hayes, Home manager. 1/30/26