

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/05/2026
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NAME OF PROVIDER OR SUPPLIER EASTERSEALS PORT HEALTH-GREENVILLE I	STREET ADDRESS, CITY, STATE, ZIP CODE 203 GOVERNMENT CIRCLE GREENVILLE, NC 27834
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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 February 5, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>This facility is licensed for 10 and has a current census of 5. The survey sample consisted of audits of 3 current client.</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 the fire and disaster drills were held at least quarterly, repeated on each</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>shift and were conducted under conditions that simulate fire emergencies. The findings are:</p> <p>Review on 2/4/26 of the facility's fire and disaster drills for January 2025- December 2025 revealed: Fire Drills: First quarter January 2025-March 2025- Unable to determine what time the 1st shift and 2nd shift fire drills were completed. Second quarter April 2025-June 2025- No 3rd shift fire drill documented. Fourth quarter October 2025-December 2025- Unable to determine what time the 1st shift and 2nd shift fire drills were completed.</p> <p>Disaster Drills: First quarter January 2025=March 2025- Unable to determine what time the 1st shift and 3rd shift disaster drills were completed. Second quarter shift April 2025-June 2025- No 3rd shift disaster drill completed; Unable to determine what time the 1st shift disaster drill was completed. Third quarter July 2025-September 2025; Unable to determine what time the 3rd shift disaster drill was completed. Fourth quarter October 2025-December 2025- Unable to determine what time the 1st shift, 2nd shift and 3rd shift disaster drills were completed.</p> <p>Interview on 2/5/26 the Program Supervisor stated: - Shifts were 8am-4pm, 4pm-12am and 12am-8am seven days a week. - There were some documented fire and disaster drills that she was not able to determine which shift they occurred on. - She had previously talked to corporate about</p>	V 114		

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V 114	Continued From page 2 revising the fire and disaster drill form but a revision had not occurred. - She would ensure the fire and disaster drill form was revised to allow accurate documentation of date and time of all drills.	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 2/4/26 at approximately 12:33pm of the facility revealed: - Client #3' bedroom had paint chipping approximately 4 inches from the right side of the wall in the corner by the closet. - Client #5 had various shaped white marks on the wall beside his bed, above the light switch. There were dark various shaped smudges on the wall above the unoccupied bed. The bathroom had approximate 12 inches of white plastered area on the left side of the door. - Client #1 had a 3 drawer plastic dresser inside the closet that was missing 2 wheels on the left side. - The light above the stove had not worked. Interview on 2/5/26 the Program Supervisor stated:	V 736		

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V 736	Continued From page 3 - The local county building and grounds handles maintenance issue for the facility.	V 736		