

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2026
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NAME OF PROVIDER OR SUPPLIER POSITIVE CONNECTION CARE DD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1413 GRACEWOOD DRIVE GREENSBORO, NC 27408
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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 4/16/26. 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 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 review and interview, the facility failed to conduct fire drills and disaster drills at least quarterly and repeated 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
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V 114	<p>Continued From page 1</p> <p>Review on 4/16/26 of the facility's fire and disaster drills from 3/1/25 - 3/1/26 revealed:</p> <ul style="list-style-type: none"> - No 3rd shift fire drills or 3rd shift disaster drills were recorded for the 1st quarter (January, February, March). - No 3rd shift fire drills or 3rd shift disaster drills were recorded for the 2nd quarter (April, May, June). - No 3rd shift fire drills or 3rd shift disaster drills were recorded for the 3rd quarter (July, August, September). - No 3rd shift fire drills or 3rd shift disaster drills were recorded for the 4th quarter (October, November, December). <p>Interview on 4/16/26 with the Qualified Professional/Licensee revealed:</p> <ul style="list-style-type: none"> - She thought the clients had been practicing 3rd shift fire drills and disaster drills. - "We should be practicing 3rd shift drills." 	V 114		