

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2026
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NAME OF PROVIDER OR SUPPLIER KENWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 413 KENWOOD DRIVE JACKSONVILLE, NC 28540
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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 complaint survey was completed on 4/29/26. The complaint was unsubstantiated (intake #NC00236527). A deficiency was cited.</p> <p>This facility licensed for the following service category: 10A NCAC 26G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 4 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 held quarterly and repeated on each shift. The</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>findings are:</p> <p>Review on 4/29/26 of the facility's fire and disaster drills from July 2025-March 2026 revealed:</p> <ul style="list-style-type: none"> -No documentation of a fire or disaster drill held during the 1st quarter. -No documentation of a disaster drill held during the 3rd quarter 1st shift. -No documentation of a fire drill held during the 3rd quarter on 1st and 3rd shift. -No documentation of a fire drill held during the 4th quarter on the 2nd shift. -No documentation of a disaster drill held during the 4th quarter on 1st and 3rd shift. <p>Interview on 4/29/26 the Residential Administrator stated:</p> <ul style="list-style-type: none"> -The facility had been in transition of a new house manager. -Shifts were 7am - 3pm, 3pm - 11pm, and 11pm - 7am. -He would ensure fire and disaster drills were held quarterly and repeated on each shift. 	V 114		