

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411232 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 05/07/2026 |
|--|---|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER TOYA'S PROJECT, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 1995 BLUE ROCK COURT GREENSBORO, NC 27405 |
|--|---|

| (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, follow up and complaint survey was completed on 5/7/26. The complaint was unsubstantiated (Intake #NC00236737). A deficiencies was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B: Supervised Living for Minors with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 1. The survey sample consisted of 1 current client and 1 former 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 interview, the facility failed to conduct disaster drills at least quarterly</p> | V 114 | | |

| | | |
|--|-------|-----------|
| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--|-------|-----------|

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411232 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 05/07/2026 |
|--|---|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER TOYA'S PROJECT, LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 1995 BLUE ROCK COURT GREENSBORO, NC 27405 |
|--|---|

| (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 114 | <p>Continued From page 1</p> <p>and repeated for each shift. The findings are:</p> <p>Review on 5/7/26 of the facility's disaster drills from 4/1/25 - 4/1/26 revealed:</p> <ul style="list-style-type: none"> - No 1st or 3rd shift disaster drills were recorded for the 1st quarter (January, February, March). - No 1st or 3rd shift disaster drills were recorded for the 2nd quarter (April, May, June). - No 1st or 2nd shift disaster drills were recorded for the 3rd quarter (July, August, September). - No 1st or 2nd shift disaster drills were recorded for the 4th quarter (October, November, December). <p>Interview on 5/7/26 with the Licensee revealed:</p> <ul style="list-style-type: none"> - She did not realize that disaster drills were supposed to be completed on each shift every quarter. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 114 | | |