


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/03/2025
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NAME OF PROVIDER OR SUPPLIER ANNIE'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 75 JACKS DRIVE YOUNGSVILLE, NC 27596
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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
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<p>V 000 INITIAL COMMENTS</p> <p>An annual survey was completed on 12/3/25. Deficiencies were 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 3. The survey sample consisted of audits of 3 current clients.</p>	<p>V 000</p>		
<p>V 114 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 ensure fire and disaster drills were completed quarterly and on each shift. The findings are:</p>	<p>V 114</p>		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Director of Operations** (X6) DATE **12/19/25**

Advantage Care POC
Annie's Place Survey
12/03/2025

V 133 G.S. 122C-80 Criminal History Record Check

Our plan to ensure that this standard is met is upon rehire a full hiring process be taken which include a background check, healthcare registry check and full staff training be completed upon rehire. These measures will be completed by [REDACTED] (Human Resources). The monitoring of this process will be done [REDACTED] (Office Executive Assistant).

V 114 27 G.0207 Emergency Plans and Supplies

Our plan to ensure that this standard is met is by completing a fire and disaster drill each month each month a different shift will be responsible for carrying out the drill. This process will ensure that each shift will have the required drills done each quarter. This process will be completed and monitored monthly by [REDACTED] (Group Home Manager) and [REDACTED] (Director of Operations).