

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2018
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NAME OF PROVIDER OR SUPPLIER LIPPARD LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6590 ROLLINGWOOD DRIVE CLEMMONS, NC 27012
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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 4/4/2018. 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 Disabilities.</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) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan 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 fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 4/3/2018 of the facility's fire and disaster drill logs revealed:</p> <ul style="list-style-type: none"> - No fire drills were completed on 2nd shift during the October-December 2017 quarter, or on 1st & 2nd shifts during the January-March 2018 quarter; - No emergency/disaster drills were completed on 	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>1st & 3rd shifts during the October-December 2017 quarter, or on 1st & 2nd shifts during the January-March 2018 quarter.</p> <p>Interview on 4/4/2018 with the Qualified Professional/Program Director revealed:</p> <ul style="list-style-type: none"> - Fire and disaster drills had been conducted on all shifts each quarter; - Facility staff were supposed to document each fire and disaster drill at the time that the drills were conducted; - She was unable to locate documentation of when all fire and disaster drills were conducted. 	V 114		