

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/23/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPEWAY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1717 SHARON ROAD WEST CHARLOTTE, NC 28210</b>
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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 follow up survey was completed on 5/23/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.</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 records review and interviews, the facility failed to ensure disaster drills in a 24-hour facility were held at least quarterly and were repeated for each shift. The findings are:</p> <p>Interviews on 5/23/18 with the Behavioral Health Technician and the Nurse revealed they worked 12 hour shifts.</p> <p>Interviews on 5/23/18 with client #1 revealed: -admitted to the facility 9 days ago;</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>-not participated in a disaster drill yet.</p> <p>Interview on 5/23/18 with client #3 revealed: -been at the facility for 31 days; -not participated in a disaster drill yet.</p> <p>Review on 5/23/18 of the facility fire and disaster drill documentation revealed: -shifts were changed from three shifts (first, second and third) within 24 hours to 2 shifts(day and night) within 24 hours on 10/1/17; -no night shift disaster drills were conducted from 10/1/17-12/31/17; -no night shift disaster drills were conducted from 1/1/18-5/23/18.</p> <p>Interview on 5/23/18 with Administration revealed the night shift disaster drills were missed.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		